

PERIODONTAL CONSULTATION REFERRAL

Referred by: _____

Introducing: _____ Tel. #: _____

Appointment date: _____ Time: _____

Do they need Pre-Med? Yes No

Periodontal therapy in your office to date: _____

I am sending: Full mouth survey Panoramic radiograph
 Bite wings No current radiographs available

Comments: _____

- Periodontal Disease
 - Full Exam
 - Isolated teeth (indicate on charge below)
- Bone Regeneration - Ridge Augmentation
- Crown Lengthening (Anterior for Esthetics)
- Crown Lengthening (Posterior for Function)
- Esthetic Gingival Contouring
- Dental Implant
- Biopsy
- Orthodontic Tooth Exposure
- Frenectomy
- Soft Tissue Graft
- Other _____

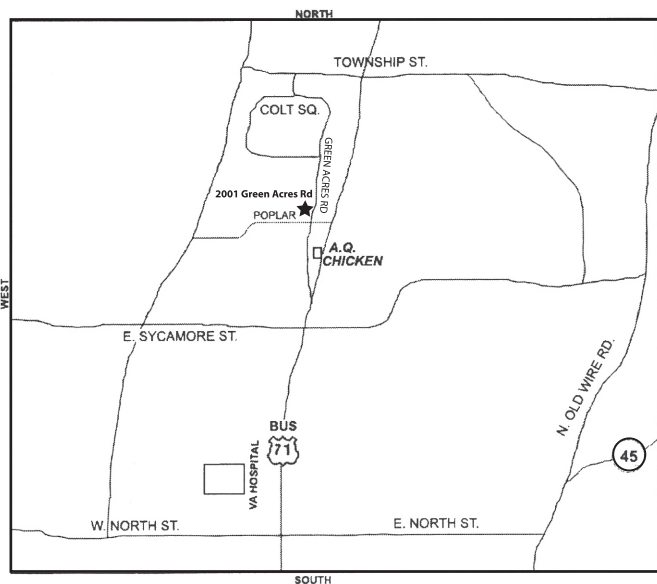
AREAS OF CONCERN:															
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

The restorative treatment plan may include:

- Operative
- Implants
- Partial Dentures
- Dentures
- Crown and Bridge
- Occlusal Therapy
- Maxillary
- Mandibular
- Maxillary
- Mandibular

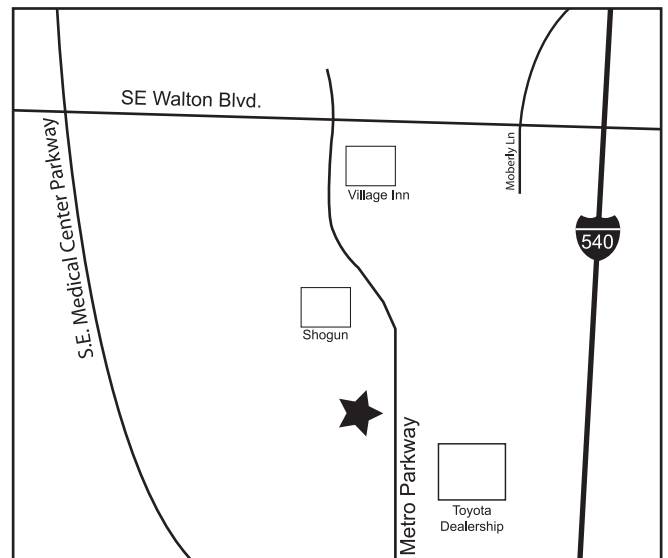
Comments: _____

Thank you for entrusting us with the care of your patient!



FAYETTEVILLE OFFICE:

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ROGERS OFFICE:

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