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Periodontics & Implant Dentistry

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Patient Name: _____ Date: _____

Referred by Dr. _____ Phone: _____

Reason for Referral:

- Complete periodontal evaluation_____
- Clinical crown lengthening tooth #(s)_____
- Muco-gingival concern of area(s)_____
- Cosmetic improvement: tooth/area(s)_____
- Pre-orthodontic evaluation_____
- Periodontal abscess, ANUG:_____
- Implant replacement for tooth #(s)_____
- Ridge augmentation or sinus augmentation_____
- 2nd opinion only_____

Previous Periodontal Treatments:_____

Tentative Restorative Plans:_____

Please Contact Me:

- Prior to exam
- Patient in chair
- After exam
- By telephone
- By fax
- By mail

Recent Radiographs:

- Patient has radiographs
- Sending to Periodontist office
- Please take appropriate x-rays

Remarks:_____

Sincerely Dr. _____