

# PERIODONTAL SPECIALISTS

*World-class care and caring*

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## PERIODONTAL REFERRAL

INTRODUCING \_\_\_\_\_

DATE \_\_\_\_\_ APPOINTMENT TIME \_\_\_\_\_

REFERRED BY \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_

OFFICE/DOCTOR E-MAIL \_\_\_\_\_

**EVALUATION AND TREATMENT OF:**

PERIODONTAL CONDITION \_\_\_\_\_

DENTAL IMPLANT THERAPY \_\_\_\_\_

CROWN LENGTHENING \_\_\_\_\_

MUCO-GINGIVAL DEFECT/RECESSION \_\_\_\_\_

FRENECTOMY/FIBEROTOMY \_\_\_\_\_

SURGICAL EXPOSURE FOR ORTHODONTICS \_\_\_\_\_

GINGIVAL HYPERPLASIA \_\_\_\_\_

EXTRACTION \_\_\_\_\_

EXTRACTION/SOCKET PRESERVATION \_\_\_\_\_

RIDGE AUGMENTATION \_\_\_\_\_

ORAL PATHOLOGY/BIOPSY \_\_\_\_\_

TMJ AND BRUXISM \_\_\_\_\_

IV SEDATION \_\_\_\_\_

OTHER \_\_\_\_\_

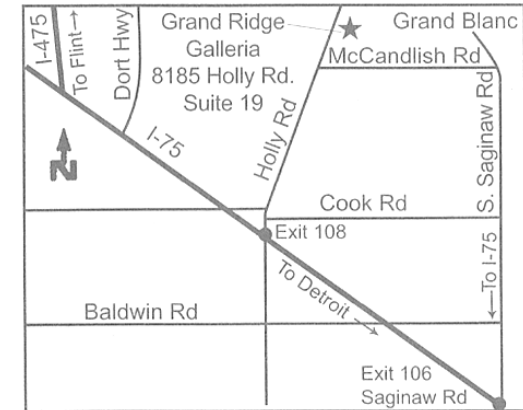
**FULL MOUTH RADIOGRAPHS WILL BE SENT:**

BY MAIL     WITH PATIENT     PLEASE TAKE

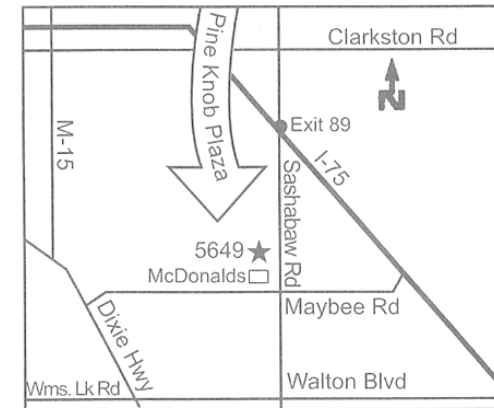
REMARKS \_\_\_\_\_

DO YOU HAVE SPECIFIC RESTORATIVE PLANS? \_\_\_\_\_

**YOUR CONFIDENCE IN US IS GREATLY APPRECIATED!**



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