



*Diplomate of the American Board of Periodontology*

PRACTICE LIMITED TO PERIODONTICS and DENTAL IMPLANTS

Date Referred: \_\_\_\_\_ Referring Dr: \_\_\_\_\_

Introducing: \_\_\_\_\_

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

**Reason for referral:** (Please email/fax this form upon referral)

- General Periodontal Status (Bone Loss and/or Periodontal Pocketing)  
\_\_\_\_\_
- Soft Tissue Consideration: tooth or implant # \_\_\_\_\_  
Gingival Recession \_\_\_\_\_  
Mucogingival Issue \_\_\_\_\_
- Crown Lengthening: tooth # \_\_\_\_\_
- Extraction (tooth # \_\_\_\_\_) Reason \_\_\_\_\_
- Consultation for Dental Implant(s) # \_\_\_\_\_
- Ridge Augmentation: Site(s) # \_\_\_\_\_  
Socket Preservation at Time of Extraction \_\_\_\_\_  
Edentulous Area for Future Implant Site(s) # \_\_\_\_\_  
Maxillary Sinus Graft \_\_\_\_\_
- Periodontal/Prosthetic Evaluation  
Maxillary    Mandibular    Full Mouth Rehab
- Periodontal/Orthodontic Evaluation  
Impacted Tooth Exposure \_\_\_\_\_  
PAOO (Corticotomy) \_\_\_\_\_
- Oral Pathology \_\_\_\_\_
- Other \_\_\_\_\_

Models (Diagnostics Casts):    Available    Unavailable

X-Rays:

- FMX    BW/PA    PANO    CBCT
- Given to patient    Will be emailed    Will be sent by mail

Comments/Special Instructions/Restorative Plans/Case Description:

---



---



---