Periodontic and Implantology Associates - 5/5/2022

Referral Form

Patient Information:

Date	First Name	Last Name	Date of Birth
Parent / Guardian Name	Contact Telephone	Contact E-Mail Address	Does the patient require antibiotics prior to dental treatmeant?

Referring Doctor's Information:

Referred By	Phone	Email

Referred For The Following:

Implants	Extractions	Ridge Augmentation / Sinus Lift	Complete Periodontal Evaluation
Gingival Recession / Soft Tissue Grafting	Aesthetic Crown Lengthening	Crown Lengthening to Facilitate Restoration	Guided Tissue Regeneration
Frenectomy	Exposure for Orthodontic Treatment	Evaluate Lesion	Periodontal Abscess / Acute Condition
Other	New Field		

Extractions:

Have you advised the patient of the possibility of extraction? If so, which tooth number(s)	New Field

Radiographics or Clinical Photos

Being Mailed	Given To Patient	Please Take	Attached With this Referral

Periodontal Treatment Completed In Your Office

Scaling and Root Planning Within the Last Two Year

Case Notes:

Notes: