

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Info: \_\_\_\_\_

Medical Alerts: \_\_\_\_\_

## Referral For Periodontal Evaluation

REASON FOR REFERRAL	CURRENT RECORDS	IMPLANTS
<b>Comprehensive Exam</b> <input type="checkbox"/> Pocketing <input type="checkbox"/> Furcation Involvements <input type="checkbox"/> Crown Lengthening, Multiple Quadrants <input type="checkbox"/> Mucogingival Exam, Multiple Quadrants <input type="checkbox"/> Implants, Multiple Quadrants <input type="checkbox"/> Pre-Prosthetic <input type="checkbox"/> Pre-Orthodontic <b>Specific Exam (Same Quadrant / or 1-2 Teeth)</b> <input type="checkbox"/> Crown Lengthening <input type="checkbox"/> Mucogingival Exam <input type="checkbox"/> Implants <input type="checkbox"/> Regeneration <input type="checkbox"/> Extractions <input type="checkbox"/> Exposure Unerrupted Tooth <input type="checkbox"/> Single Tooth, Furcation or Pocket	<b>Radiographs (within 1 yr)</b> <input type="checkbox"/> FMX <input type="checkbox"/> Periapical(s) <input type="checkbox"/> Bitewings(s) <input type="checkbox"/> Panoramic <input type="checkbox"/> 3D <b># Films:</b> _____ <b>Date Taken:</b> _____ <input type="checkbox"/> Being Emailed <input type="checkbox"/> Given to Patient <input type="checkbox"/> No X-Rays <input type="checkbox"/> Please Take X-Rays <b>Other Records</b> <input type="checkbox"/> Current Periodontal Probing <input type="checkbox"/> Study Models <input type="checkbox"/> Diagnostic Wax-Up	<b>Preferred System</b> <input type="checkbox"/> Straumann <input type="checkbox"/> Nobel <b>Radiographic Guide / Surgical Guide:</b> <input type="checkbox"/> Provided by Dentist <input type="checkbox"/> Provided by Periodontist

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient to call for an appointment - Please be flexible when scheduling your appointment.  
This time is being reserved exclusively for you.

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Please Fax or Mail • Join Our Facebook Group: Gum Geek • Lunch and Learns Available

**Thank-You for the courtesy of your referral!**