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Periodontics • Dental Implants
 Oral Medicine
 Laser Periodontal Therapy
 Board Certified in Periodontology & Dental Implant Surgery



Referred by _____ Date _____

Is patient to call us? yes no Should we call patient? yes no Contact you by _____ if unscheduled

Patient name _____

Local _____ Home # () _____
 mailing _____
 address _____ Work # () _____

What x-rays are you sending that will be helpful to us?

What are your concerns that prompted the referral?

- | | | |
|--------------------------|---------------------------------------|--------------------------------|
| Abscess | Pain | NUG/Trench mouth |
| Pocket depth | Problem developing the treatment plan | Undetermined oral lesion |
| Furcation involvement | Mobility | Crown length |
| Recession | Embrasure space | Access to margin |
| Ridge form/Ridge atrophy | Tooth position | Esthetics |
| Other | Tori | Failing restoration/prosthesis |

What do you plan to do?

- | | | |
|--------------|-----------------------------------|-----------------|
| Restorative | Full denture | Partial denture |
| Crown | Bridge | Orthodontics |
| A-splint | Endodontics | Extractions |
| Root planing | Periodontal Maintenance | Other |
| | Alternate Periodontal Maintenance | |

What would you like me to do? By a specific date? _____

- | | | |
|--------------------------|---|---------------------|
| Emergency treatment only | Take x-rays | Treat periodontitis |
| Treat recession | Reinforce my treatment plan | Other |
| Crown length surgery | Develop periodontal-prosthesis treatment plan | |
| A-splint | Periodontal Maintenance | |
| Implant(s) | | |

Incremental treatment (what are priorities?)

Prescription perio/only treat area described

Patient Concerns

- appearance cost/insurance missing teeth mobility recession sensitivity time tooth loss treatment pain other

Comments:



Active Member
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