



PERIODONTICS | IMPLANT DESTISTRY | TMJ DISORDERS

Patient: _____

Phone: _____ **Date:** _____

Reasons for Referral:

- Complete Periodontal Evaluation
- Implant Consultation
- Limited Periodontal
- Ares of Concern
- Crown Lengthening
 - Esthetic Functional
- Bone Regeneration
- Recession/ Grafting
- Emergency/ Abscess
- Ares of Concern _____
- TMJ
- Peri-Implantitis/ Failing Implant
- Other: _____

Treatment Done by

Referring Office:

- Scaling and Root Planning
- UR / LR / UL / LL / ALL
- Treatment Date: _____
- Periodontal Maintenance

Radiographs

- FMX PAN BWx
- PAs
- CBCT
- Emailed
- Accompanying Patient
- Take Films

Treatment Discussion

- Please call me:
- Before Examination
 - After Examination

Implant Type

- Bicon
- Biohorizon
- Megagen
- Stauman
- Dentium

Restorative Thoughts: _____

Doctor: _____