



Doctor's Name: _____ Date: _____ Phone: _____

Patient's Name: _____ Email: _____

D.O.B. _____ Phone (H): _____ (C) _____ (W) _____

What x-rays are available? FMX Panorex B.W.'s Periapical Date: _____

Radiographs are enclosed: Y N Study models are available: Y N

Patient is being referred for the following reason(s):

Complete periodontal evaluation _____

Recession – tooth #'s _____

Occlusal traumatism _____ Bite Collapse: Tipped molars _____

Issues/Problems with current implant: Tooth #'s _____

Crown Lengthening _____

Evaluation for implants. Location(s): _____

Pre-implant extraction(s): Tooth #'s _____

Bone building is needed. Location: _____

Exposure of erupted teeth _____

LANAP/Laser Periodontal Therapy. Areas: _____

Other _____

The following restorative plan is being considered:

Crowns: Tooth #'s _____ Fixed Bridge Work Tooth #'s _____

Removable partials: Maxilla _____ Mandible _____

Other _____

Restorative treatment plan has been accepted by patient No restorative plan has been proposed yet

Scaling & Root Planing has been done: No Yes If yes, when _____

Please reinforce any recommendations made: _____

Patient's response to the referral: Accepting Upset Denial Worried Skeptical Nonchalant

Patient's personality: Analytic Expressive Quiet Playful Cooperative Phobic Non-Compliant