



Katherine L. Roll, D.M.D, M.S.D.

Kelly B. Williams, D.M.D

___ Patient will call you ___ Call patient ASAP

Referring patient to:

Dr. Katherine Roll _____

Dr. Kelly Williams _____

First available _____

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 REASONS:

___ 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 _____

___ Other _____

THE FOLLOWING RESTORATIVE PLAN IS BEING CONSIDERED:

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

___ Removable Partials: Maxilla _____ Mandible _____

___ Other _____

___ Restorative TX plan has been accepted by patient ___ No restorative plan has been proposed yet

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

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

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