



Periodontal Referral Form

Date: _____

Patient Name _____

Referred By: _____

Phone: _____

Reason for Referral

- Complete Periodontal Evaluation
- Dental Implants (see below)
- Gingival Recession/Root Coverage
- Guided Tissue Regeneration
- Other _____
- Crown Lengthening
- Ridge Augmentation
- Extractions/Pre-Pros Surgery
- Soft Tissue Grafting

Please Specify Teeth or Quadrant 1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Implants

- Nobel Active
- Nobel Replace
- Straumann (ITI)

Radiographs

- Please take
- Patient will bring
- Mailed or Emailed

Periodontal Treatment Completed in Your Office?

- Prophylaxis/Gross Scaling
- Scaling/Root Planing
- Plaque Control
- Periodontal Maintenance

Additional Comments? Restorative Work? Patient advised of possibility of extractions?