Capital Periodontics

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Periodontics & Implant Dentistry

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Periodontal Referral

Introducing: _____ **Date:** _____
Telephone (H): _____ (W) _____

Please arrive 10 minutes earlier for your consultation appointment

Appointment date: _____ **time:** _____

☐ Please call patient for an appointment

Recent radiographs: ☐ not available ☐ with patient ☐ will be sent

Reason for referral:

☐ Complete periodontal examination
☐ Specific examination

Comments: _____

Pertinent medical history: _____

Restorative plan: _____

Referred by Dr.: _____ **Telephone:** _____

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