



**ADVANCED PERIODONTICS
& IMPLANTS, LTD**

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Introducing: _____

Phone: _____

Email: _____

Referred By: _____

Date: _____

Reason For Referral:

- ☐ Complete Periodontal Evaluation _____
- ☐ Limited Periodontal Evaluation _____
- ☐ Crown Lengthening _____
- ☐ Gingival Contouring for esthetics _____
- ☐ Soft Tissue Augmentation _____
- ☐ Recession _____
- ☐ Frenum Involvement _____
- ☐ Implants _____
- ☐ Sinus Grafting _____
- ☐ Bone Grafting _____
- ☐ Biopsy _____
- ☐ Extraction _____
- ☐ Orthodontic Exposure _____

Radiographs:

REMARKS

- ☐ Please take new radiographs
- ☐ Accompanying patient
- ☐ Are being e-mailed to you
- ☐ Mailed to your office