

Date: _____ Referring Dentist: _____

Introducing for periodontal consultation:

Patient

- General full mouth exam _____
- Local area _____
- Abscess / Acute problem _____
- Mucogingival problem _____
- Implant (PAN needed) _____
- Esthetic procedures _____
- Other: _____

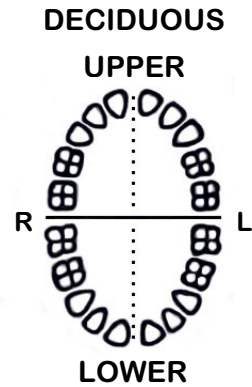
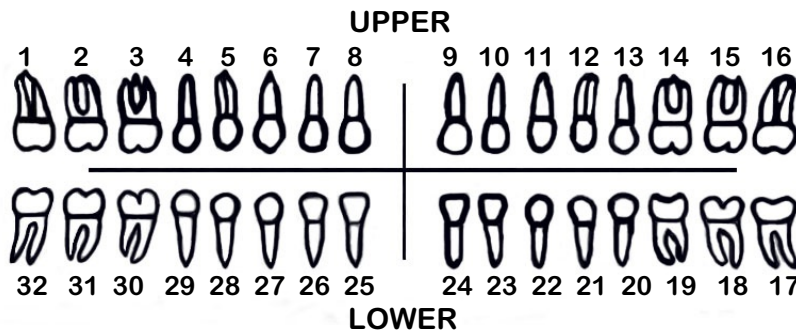
Does the patient need to premedicate: No Yes

Recent x-rays:

- Needs FMX
- Will hand carry
- Will be mailed
- Will be emailed

Initial contact:

- Patient will call us
- We will call patient: Work #: _____
 Home #: _____
 Cell #: _____



Comments: _____

