



HOLDEN PERIODONTICS & DENTAL IMPLANTS

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Board Certified in Periodontology & Dental Implant Surgery
Oral Medicine



Referred by _____ Date _____

Patient Name _____ Home # _____

Patient Address _____ Work # _____

What radiographs are you sending? _____

What is the patient referred for? _____

- Implant
 - Extraction & Ridge Preservation
 - GBR / Bone Grafting
 - Sinus Lift
- Soft Tissue / Gingival Grafting
- Frenectomy

- Periodontal Exam / Treatment
- Scaling and Root Planing
- Periodontal Maintenance
- Periodontal Surgery
 - + Bone Grafting Around Teeth
- Crown Lengthening

- Extractions
- Biopsy / Oral Lesion(s)
- Tooth Exposure
- Surgically Facilitated
Orthodontic Therapy
- Other

Comments: _____

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