



HOLDEN PERIODONTICS & DENTAL IMPLANTS

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& Dental Implant Surgery
Oral Medicine



Referred by _____ Date _____

Are we to contact patient? Yes No Should we contact you if patient is unscheduled? By Date: _____

Patient Name _____ Home # _____

Patient Address _____ Work # _____

What radiographs are you sending that will be helpful to us? _____

What are your concerns that prompted the referral? _____

- | | | |
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| <ul style="list-style-type: none"> o Implant <ul style="list-style-type: none"> o Extraction & Ridge Preservation o GBR / Bone Grafting o Sinus Lift o Soft Tissue / Gingival Grafting o Frenectomy o Treatment Planning Development o Failing Restoration / Prosthesis o Crown Lengthening <ul style="list-style-type: none"> o Access to margin / Ferrule o Esthetics | <ul style="list-style-type: none"> o Periodontal Exam / Treatment o Pocket Depth <ul style="list-style-type: none"> o Furcation Involvement o Mobility o Embrasure Space / Open Contact o Tooth Position o Scaling and Root Planing o Periodontal Maintenance o Periodontal Surgery <ul style="list-style-type: none"> o + Bone Grafting Around Teeth o Esthetics | <ul style="list-style-type: none"> o Extractions o Abscess o Pain o ANUG o Biopsy / Oral Lesion(s) o Tooth Exposure o Surgically Facilitated o Orthodontic Therapy o Tori o Preparation for Removable Prosthesis o Other |
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What do you plan to do?

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> Restorative Crown Splint Scaling & Root Planing | <ul style="list-style-type: none"> Full Denture Bridge Endodontics Periodontal Maintenance Alternate Periodontal Maintenance | <ul style="list-style-type: none"> Partial Denture Orthodontics Extractions Other |
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What would you like me to do? By a specific date? _____

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> Emergency treatment only Treat recession Crown Lengthening Surgery Implant (s) Splint | <ul style="list-style-type: none"> Take X-rays Reinforce restorative treatment plan Develop Periodontal Prosthesis Treatment Plan Periodontal Maintenance | <ul style="list-style-type: none"> Treat Periodontitis Other |
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Incremental treatment (please list priorities):

Prescription perio / only treatment area described

Patient Concerns

Esthetics Cost / Insurance Missing Teeth Mobility Recession Sensitivity Time Tooth Loss Treat Pain Other

Comments:



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