

Periodontal Referral Report



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Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

APPOINTMENT (Please check one)

- Please call patient for appointment. Patient phone number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
Patient will call your office for appointment.

I AM REFERRING THIS PATIENT FOR (Please check all that apply)

- Periodontal Evaluation
1. How long has he/she been a patient? \_\_\_\_\_
2. When did you first recommend he/she see a periodontist? \_\_\_\_\_
3. Has a scaling been done at GP's office in the last 6 months? Yes No
4. Have you used code #4340 or #4341 within the last two years? Yes No
5. What recall cycle has the patient been on? \_\_\_\_\_
Crown Extension Procedure - Tooth # \_\_\_\_\_ Implant Evaluation - Site(s) \_\_\_\_\_
Mucogingival concern - Tooth # \_\_\_\_\_ Other \_\_\_\_\_

RADIOGRAPHS (Please check one)

A complete series:

- is enclosed patient will bring if needed, please take films
has been mailed is available

ANTICIPATED TREATMENT PLAN:

What would your ideal anticipated treatment plan be?

Crowns (Tooth #'s) \_\_\_\_\_ Remov. prosth. (Location) \_\_\_\_\_
Bridges (Locations) \_\_\_\_\_ Implants: \_\_\_\_\_

Has this been discussed with the patient? Yes No

TO HELP US BETTER PREPARE:

- Is the patient physically handicapped? Yes No
Comments: \_\_\_\_\_
Is premedication needed? Yes No Condition:
In your office, does the patient prefer... Nitrous Headphone Music Neither
What is the patient's apprehension level? Relaxed Normal Amount Very Anxious Other

COMMENTS \_\_\_\_\_

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