



Active Member
American Academy of Periodontology

Periodontics

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REGENERATIVE AND COSMETIC PERIODONTAL SURGERY

Periodontal Prescription and Referral Form

Patient's Name: _____ Date: _____

Referring Doctor: _____ Does patient smoke? Yes No

Sig. Med. Hx.: _____ Does patient require premedication? Yes No

Are there any time restraints on treatment? _____

Reason patient originally presented to your office for treatment of:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Bleeding Gingiva | <input type="checkbox"/> Swollen Gingiva | <input type="checkbox"/> Pain | <input type="checkbox"/> Loosening or Moving Teeth |
| <input type="checkbox"/> Straighter Teeth | <input type="checkbox"/> Defective Restorations | <input type="checkbox"/> Sensitive Root Surface | |
| <input type="checkbox"/> Gingival Asymmetry | <input type="checkbox"/> Gummy Smile | <input type="checkbox"/> Aberrant Frenum | <input type="checkbox"/> Dental Implants |
| <input type="checkbox"/> Alveolar Ridge Deficiency | <input type="checkbox"/> Recession | <input type="checkbox"/> Eliminate Amalgam Tattoo | |

Other: _____

Restorative treatment will include:

Bleaching: _____ Porcelain Veneers: _____ Bonded Restorations: _____
 Porcelain Crowns: _____ Direct Bonded Veneers: _____ Fixed Bridges: _____

Periodontal Procedure Desired: Complete Periodontal Exam Localized Exam

Comments: _____

Implant

- A. When was the tooth/teeth extracted? _____
- B. Cause of extraction: _____
- C. Did the extraction site(s) receive a bone graft? _____
- D. Implant system preferred: Zimmer BioHorizons Other: _____
- E. Is there any provisional planned? Yes No If yes, what type: _____
- F. Do you provide the surgical guide/stent? Yes No

Sinus Lift

- A. Right Left
- B. How many teeth will be replaced by implant(s) after sinus lift? _____
- C. Is the patient currently wearing any prosthesis? Yes No
 If yes, Removable Fixed; Is any prosthesis planned? Yes No If Yes, type: _____

Crown Lengthening

- A. Lipline: High Medium Low
- B. Are the incisal edges in their final position? Yes No If not, will the incisal edge position be established in the provisional restoration prior to surgical crown lengthening? Yes No
- C. Desired length of: Central Incisors: _____ Lateral Incisors: _____ Canines: _____
- D. Will the tooth be restored following crown lengthening? Yes No; Which teeth? _____
- E. Is crown lengthening required for esthetic reasons on facial surfaces only? Yes No; or to increase clinical crown length for 360° around each tooth? Yes No; If yes, which teeth? _____
- F. Will orthodontic repositioning of gingival margins be accomplished? Yes No; If yes, which teeth? _____ Who will provide orthodontic movement? Dr. _____
- G. Special Instructions: _____

Ridge Preservation/Augmentation

- A. Please extract tooth/teeth #(s) _____
- B. Is this procedure performed primarily for esthetic reasons? Yes No
- C. What type of provisional is planned? Fixed: _____ Removable: _____
- D. Is an ovate pontic planned? Yes No; If yes, who will create the ovate receptor site? _____
- E. From a restorative viewpoint, which is the most important dimension to recapture?
 Buccolingual Apicocoronal Both
- F. If the objective of the ridge augmentation is to recapture the apicocoronal dimension, an onlay graft will probably be indicated and a palatal stent with wire clasps that do not impinge on the surgical area will need to be constructed prior to surgery and delivered to our office. Has this been accomplished? Yes No
- G. Do you have a preference regarding the donor material for the ridge augmentation? Yes No; If yes, please explain: _____
- H. Special instructions: _____

Soft Tissue Grafts

- A. Has the reason for recession been resolved? Yes No
- B. Is root coverage (where possible) desired? Yes No
- C. Is there bone or soft tissue loss interproximally adjacent to the area requiring the graft? Yes No
Note: This may limit the amount of root coverage possible.
- D. Will these teeth be restored? Yes No
- E. If so, will the restorations be taken subgingivally? Yes No
- F. Is the objective of the graft to cover an exposed crown margin on an existing crown? Yes No
If yes, on which teeth? _____
- G. If a previously restored root surface is to be covered with a graft, what type of restorative margin is present? Chamfer Butt Joint Unknown
- H. The purpose of the graft is to eliminate the amalgam tattoo in the area of: _____
- I. Special instructions: _____

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