

Date: _____

Allow me to introduce my patient:

_____ for evaluation in your office. His/Her telephone numbers are:

(H) _____ (W) _____ (C) _____

My findings indicate a need for:

- Comprehensive periodontal evaluation
- Dental implant placement/management
- Crown lengthening
- Evaluate recession/Management of mucogingival defects
- Osseous graft (regenerative periodontal surgery)
- Osseous or soft tissue ridge augmentation
- Management of periodontal-endodontic lesion
- Frenectomy
- Extractions/ridge preservation graft
- Impacted tooth uncovering
- Other

Medical history concerns: _____

History of previous periodontal treatment: _____

Additional remarks: _____

Special problems are limited to:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Appropriate Radiographs:

- Mailed Sent with patient
- May be taken in your office and a copy sent for our records

We have scheduled an appointment with your office on

_____ at _____ am/pm.

Please contact patient to schedule an appointment.


 STANLEY L. WINT, DDS
 TANU SATHEESH, DDS, MS
 (913) 451-6158 fax (913) 451-9463
 e-mail becky@periodonticspa.com
PERIODONTIST P.A.

Referring Doctor's Signature

Referring Doctor's Phone Number