



# Northwest Periodontics

*Stanley D. Halpern, D.D.S., P.C.*

PERIODONTICS AND IMPLANTS

220 Heritage Walk

Suite 102

Woodstock, GA 30188

Telephone (770) 928-6655

Fax (770) 928-6656

## PERIODONTAL REFERRAL

Introducing: \_\_\_\_\_

Referred by Doctor: \_\_\_\_\_

Appointment Date / Date: \_\_\_\_\_

### PLEASE EVALUATE:

- |  |   |
|--|---|
| <input type="checkbox"/> Periodontal Condition     | <input type="checkbox"/> Implant Therapy            |
| <input type="checkbox"/> Crown Lengthening # _____ | <input type="checkbox"/> Cosmetic Crown Lengthening |
| <input type="checkbox"/> Gingival Graft            | <input type="checkbox"/> Impacted Tooth Exposure    |
| <input type="checkbox"/> Root coverage Grafting    | <input type="checkbox"/> Periodontal Abscess        |
| <input type="checkbox"/> Frenectomy or Fiberotomy  | <input type="checkbox"/> Periodontal Maintenance    |

Special Problem Areas Limited to Tooth / Teeth# \_\_\_\_\_

Other Concerns \_\_\_\_\_

Remarks \_\_\_\_\_

Restorative Treatment Plan \_\_\_\_\_

Significant Medical History Yes  No

### RADIOGRAPHS

- Sent with patient
- Mailed
- To be taken

