

INTRODUCING \_\_\_\_\_

REFERRED BY \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

APPOINTMENT DATE/TIME \_\_\_\_\_

Welcome to our periodontal practice. Our office is committed to providing you with the highest quality of care possible. Please bring this referral slip with you to your first appointment.

The initial visit, with the exception of emergency care, is for your new patient examination only. This enables us to fully evaluate your condition and tailor our care to your specific needs. If you normally premedicate, please do so for this appointment.

If you need to change your appointment, kindly notify our office 48 hours in advance.

COMMENTS OR SPECIAL INSTRUCTIONS:

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REASON FOR REFERRAL:

- Comprehensive Periodontal Evaluation
- Implants  Isolated Procedure
- Emergency Problem  Other (comments)

RADIOGRAPHS:

- Periapicals  Full Mouth Series
- Mailed  Given to Patient

REQUIRES PREMEDICATION:

- Yes  No

PATIENT IN YOUR OFFICE SINCE: \_\_\_\_\_

Previous non-surgical or surgical periodontal therapy?  Yes  No

If yes, please give dates and services:

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