



Darby & Johnson, P.A.

Periodontics & Dental Implants

PATIENT: _____ DATE: _____

PHONE #: _____ APPT DATE: _____ TIME: _____

I AM REFERRING THIS PATIENT FOR:

- Complete Periodontal Evaluation & Treatment
- Limited Periodontal Evaluation & Treatment
- Crown Lengthening
- Recession/Grafting
- Bone Regeneration
- Ridge Augmentation
- Sinus Grafting
- Implant Evaluation - DELIVER IN:
- Definitive Abutment/Provisional Crown
- Healing abutment
- Other: _____

(Areas of Concern)

UR / UL / LL / LR / ALL

PERIODONTAL TREATMENT DONE BY YOU:

- Root Planing and Scaling UR / UL / LL / LR / ALL Date Done: _____
- Frequent Periodontal Maintenance

RADIOGRAPHS:

- Are being forwarded to you. Are accompanying patient. Are available in our office.
- If needed, please take films and send me a set.

TREATMENT DISCUSSION: Please call me: BEFORE AFTER your examination.

RESTORATIVE THOUGHTS/COMMENTS:

DOCTOR: _____