

# Doctor's Referral

to

## Orlando Periodontics

12301 Lake Underhill Road, Suite 107

Orlando, FL 32828

407-277-3300

This is to introduce: \_\_\_\_\_  
whom I am referring for:

- |  |   |
|--|---|
| <input type="checkbox"/> Periodontal Exam and Therapy      | <input type="checkbox"/> Frenulectomy                             |
| <input type="checkbox"/> Implants                          | <input type="checkbox"/> Surgical Reduction of Fibrous Tuberosity |
| <input type="checkbox"/> Gingival Recession                | <input type="checkbox"/> Perio Accelerated                        |
| <input type="checkbox"/> Graft for Root Coverage           | <input type="checkbox"/> Osteogenic Ortho<br>(Wilkodontics)       |
| <input type="checkbox"/> Crown Lengthening                 | <input type="checkbox"/> Medical Clearance                        |
| <input type="checkbox"/> Gingival Contouring for Cosmetics | <input type="checkbox"/> Orthodontic Tooth Exposure               |
| <input type="checkbox"/> Ridge Augmentation                | <input type="checkbox"/> Other _____                              |
| <input type="checkbox"/> Extraction # _____                |   |

### Radiographs:

(Please send with patient)

Pano Taken: \_\_\_\_\_

FMX Taken: \_\_\_\_\_

No current X-rays \_\_\_\_\_

### Periodontal Treatment Completed in Your Office

\_\_\_\_ Prophylaxis and Gross Scaling

\_\_\_\_ Periodontal Maintenance Therapy

Other comments: \_\_\_\_\_

\_\_\_\_\_

Dr. \_\_\_\_\_