

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
(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. _____