

## Periodontal Referral

Patier						Date												
Patier	nt Pho	ne Ni	umber															
Referring Doctor								Hygienist										
Appointment Status: Date									Time				Or patient will call to schedule					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		
Reason for Referral Periodontal Treatment C													pletec	l in Yo	ur Off	fice		
Generalized Periodontal Disease								Scaling/Root Planing Date:										
	Localized Periodontal Disease #								Perio Maintenance Date:									
lı 📗	Implants #																	
	Gingival Recession #t																	
	Crown Lengthening #																	
Т	Tooth Uncovery																	
F	Frenectomy: Max Mand #  Extraction #								Please send recent radiographs. An FMX would be appreciated if you have one.									
E																		
E	Biopsy/Oral Lesion: Area								EVALUATE									
Other									EVALUATE AND TREAT									
Com	mme	nts:																
															A			

KiheiPhone 856-4625Fax 874-6921Kihei@HawaiiFamilyDental.comKahuluiPhone 856-4640Fax 877-0670QKC@HawaiiFamilyDental.comLihuePhone 482-3100Fax 245-6952KG@HawaiiFamilyDental.comHiloPhone 443-5214Fax 959-8506HPK@HawaiiFamilyDental.com



Dr. Todd Stone