

REFERRAL INFORMATION CARD

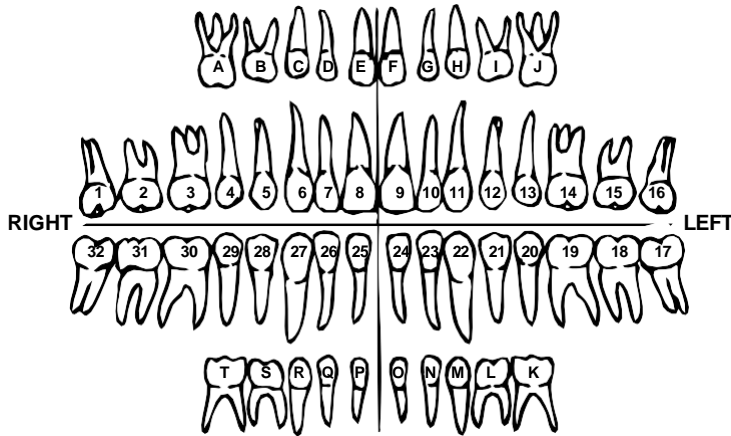
This card will allow me to introduce my patient for periodontal evaluation.

Patient's Name _____ Date _____

Patient's Phone Number (W) _____ (H) _____

Reason for Referral _____

- | | | |
|---|--|---|
| <input type="checkbox"/> Comprehensive Exam | <input type="checkbox"/> Limited Exam (Describe Concern) | <input type="checkbox"/> Gingival Recession |
| <input type="checkbox"/> Emergency Care | <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Biopsy |
| <input type="checkbox"/> Implant Exam | <input type="checkbox"/> Other | |



Remarks or Special Instructions _____

PERIODONTAL TREATMENT COMPLETED IN YOUR OFFICE TO DATE

- Prophylaxis · Recall Internal _____ months · Date of Service ____/____/____
- SRP · Date of Service ____/____/____

PROPOSED RESTORATIVE TREATMENT PLAN/OPTIONS

CURRENT X-RAYS

- Sent by Mail Sent with Patient Please Take X-rays No X-rays Email X-rays (jocoperio@gmail.com)

The patient has a periodontal appointment _____ at _____ AM/PM

- Please contact Patient for appointment Please send more referral cards

Referring Dentist Name _____

Address _____

Phone Number _____ Date _____

APPOINTMENT INFORMATION

This time is reserved specifically for you. If, by necessity, you must cancel your appointment, please notify us at least 48 hours in advance.

Date: _____ Time: _____ Day: _____

Appointment with Dr. Lara Ryan

INSTRUCTIONS TO PATIENTS:

You have been referred for specialized care to this periodontist. Our office will make every effort to make your visit with us a comfortable experience. Please assist us by providing the following information at the time of your consultation:

- A list of medications you are presently taking.
- Please alert the office if you have a medical condition that may be of concern (i .e. artificial heart valves and joints, heart murmur).
- X-rays if applicable.