

Mansfield Periodontics and Dental Implants

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Introducing: _____ Date: _____

Patient's Phone: _____ Premed? Yes No

Reason for Referral:

- Periodontal evaluation Implant evaluation
- Emergency Root coverage
- Crown lengthening tooth # _____ Tooth is in a temporary restoration not yet temporized
- Other _____

Do you have specific restoration plans? _____

Radiographs:

- Referring office will send: FMX BWs BWs Panorex
- Digital Conventional
- New radiographs to be taken at Dr. Smith's office

Remarks: _____

Referred by: _____