



Referring Dentist: \_\_\_\_\_ Off Ph \_\_\_\_\_ Date: \_\_\_\_\_

Patients Name: \_\_\_\_\_ Hm Ph \_\_\_\_\_ Wk Ph \_\_\_\_\_

Patients Address \_\_\_\_\_ Zip Code: \_\_\_\_\_

- Patient will call us.
- You wish us to call the patient.

**Type of Exam:**

- Complete Perio Exam.
- Isolated Area. Explain: \_\_\_\_\_  
\_\_\_\_\_
- Emergency Treatment. Explain: \_\_\_\_\_  
\_\_\_\_\_

**Radiographs:**

- Date of most recent FMX series: \_\_\_\_\_
- (Note: Past years X-rays appreciated)
- X-rays are enclosed
- Please schedule FMX in Perio office.

**The Following  
Has Been  
Completed:**

- Emergency Operatives.
- Gross Scale & Polish. Date: \_\_\_\_\_
- Root Planing and Curettage.  
No. of Appts: \_\_\_\_\_ Date: \_\_\_\_\_
- Extensive Oral Hygiene Instructions.
- No Perio Treatment Rendered.

**Patient  
Information:**

- New Patient     Regular Care     Irregular Care
- Other Family Member Referred. Name: \_\_\_\_\_
- High Dental Anxiety. Explain: \_\_\_\_\_  
\_\_\_\_\_
- Financial Restrictions. Explain: \_\_\_\_\_  
\_\_\_\_\_
- Time Restrictions. Explain: \_\_\_\_\_  
\_\_\_\_\_

**Restorative  
Treatment Plan:**

- In Progress: \_\_\_\_\_  
\_\_\_\_\_
- Future Plans: \_\_\_\_\_  
\_\_\_\_\_
- Alternatives: \_\_\_\_\_

**Comments**