

Referred to:

Dr Tara Habijanac Dr. S. Bruce Yaholnitsky First available



Name: _____ Address: _____

Date of Birth: _____ Phone: _____ Email: _____

Insurance info: _____

Medical Alerts: _____

Referral for Periodontal Evaluation

Reason for Referral

Comprehensive Exam

- Pocketing
- Furcation Involvements
- Crown Lengthening, multiple quadrants
- Mucogingival Exam, multiple quadrants
- Implants, multiple quadrants
- Pre-prosthetic
- Pre-orthodontic

Specific Exam

(Same quadrant/or 1-2 teeth)

- Crown Lengthening
- Mucogingival Exam
- Implants
- Sinus Augmentation
- Ridge Augmentation
- Regeneration
- Extractions
- Exposure Unerupted Tooth
- Single tooth, Furcation or pocket

Current Records

Radiographs (within 1 yr)

- FMX
- Periapical(s)
- Bitewings(s)
- Panoramic
- Tomography

Films

Date taken: _____

- Being emailed
- Given to patient
- No x-rays
- Please take x-rays

Other Records

- Current Periodontal Probing
- Study Models
- Diagnostic Wax-Up
- Photos

Implants

Preferred System:

- Straumann
- Astra
- Nobel

Radiographic Guide / Surgical Guide:

- Provided by dentist
- Provided by periodontist

COMMENTS: _____

Our office will contact patient for an appointment - Please be flexible when scheduling your appointment.
This time is being reserved exclusively for you.

Referring Doctor: _____ Date: _____

Please Fax, Mail, or Email this Referral