

ROC

PERIO & IMPLANTS

Referring Doctor: _____

Patient: _____

Patient Phone #: _____

- Referral to: Roxanne Lowenguth, DDS, MS
 James Infantino, DDS, FADI
 Ke Shang, DMD,FRCDC
 Stephen Phillips, DMD
 Leah Baldinger, DDS

Reason for referral:

- Periodontal Evaluation Crown Lengthening
 Implant Consultation Frenectomy
 Extraction / Graft CBCT

UR
1 2 3 4 5 6 7 8

UL
9 10 11 12 13 14 15 16

LR
32 31 30 29 28 27 26 25

LL
24 23 22 21 20 19 18 17

Has patient had periodontal therapy in the past?:

- None Scaling & Root Planning
 Surgery Antimicrobial Therapy

Radiographs:

- Please take Patient bringing Will send

Restorative Plan: _____

- Please call before seeing patient.
 Please call after seeing patient.
 Please keep informed with letter.

Comments: _____
