

CARY PERIODONTICS AND IMPLANT DENTISTRY

Michael J. Brenegan D.D.S., P.A.

1003 High House Rd., Suite 102 Cary, NC 27513

Phone: 919-469-9986 Fax: 919-469-2034

email: info@caryperio.com

www.caryperio.com



Patient Referral Form

Introducing: _____ Home #: _____ Work #: _____

Patient referred by: _____ Date: _____

Patient referred for:

- | | |
|---|--|
| <input type="checkbox"/> Full periodontal evaluation _____ | <input type="checkbox"/> Esthetic crown lengthening: _____ |
| <input type="checkbox"/> Isolated periodontitis: _____ | <input type="checkbox"/> Dental implant(s): _____ |
| <input type="checkbox"/> Assess tooth prognosis: _____ | <input type="checkbox"/> Implant site prep: _____ |
| <input type="checkbox"/> Crown lengthening: _____ | <input type="checkbox"/> Intravenous sedation: _____ |
| <input type="checkbox"/> Gingival recession: _____ | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Frenulectomy: _____ | _____ |
| <input type="checkbox"/> Surgical exposure and bracket: _____ | _____ |

Restorative or prosthetic plan: Established Discussed with patient Pending perio. findings

Comments regarding restorative or prosthetic planning: _____

Radiographs available: FMX _____ BWs _____ PAs _____
(please indicate dates of)

Panorex _____ Other _____

Special patient needs or instructions: _____

The confidence that you expressed in permitting us to participate in your patient's dental care is greatly appreciated. Thank you!