## PERIODONTAL REFERRAL LETTER

### REFERRED FOR
- Periodontal evaluation, diagnosis, and therapy:
- Dental implant evaluation and therapy: [ ]

### OUR MAIN CONCERNS
- Significant bleeding on probing: [ ]
- Deep probing depths: [ ]
- Bone loss/deformities: [ ]
- Deep furcations: [ ]
- Tissue recession/root exposure: [ ]
- Lack of protective attached gingiva: [ ]
- Root sensitivity: [ ]
- Crown lengthening needed: [ ]
- Orthodontics: [ ]
- Smile line/gingival levels: [ ]
- Edentulous ridge augmentation: [ ]
- Extract and preserve ridge: [ ]
- Dental implants proposed: [ ]
- Tooth mobility: [ ]

### PERTINENT HISTORY
- Patient of Record: [ ] New [ ] Since (MONTH/YEAR):
- Plaque control motivation/dexterity: [ ] Excellent [ ] Needs Improvement/Reinforcement
- Recommended maintenance interval: _______ months. Compliance has been: [ ] Good [ ] Fair [ ] Insufficient
- Date of last maintenance visit (MONTH/YEAR):
- Active periodontal therapy already performed:
  - Quadrant Scaling and Root Planing (MONTH/YEAR): [ ]
  - Perio Surgery (MONTH/YEAR): [ ]
- Anti-Microbial Therapy:

### RESTORATIVE AND/OR OTHER DENTAL NEEDS
- Patient is Aware [ ] Patient has not yet had restorative consultation
  - Crown/Veneers: [ ]
  - Fixed Bridges: [ ]
  - Removable Prosthesis: [ ]
  - Implants: [ ]

### IMPORTANT PATIENT INFORMATION
- Readiness Level: [ ] High (understands problem(s) and wants treatment) [ ] Unknown [ ] May Be Low
- Patient’s Concerns/Stated Needs:

### CURRENT RADIOGRAPHS (FMX & VERTICAL BWX)
- Will be forwarded to your office before appointment.
- Unavailable/Out of date. Please have a new FMX taken and send a copy to our office.
- Have Dr. Gasper call our office to discuss our patient before the examination appointment. She should speak directly to:

Signatures:

DOCTOR: ____________________________ HYGIENIST: ____________________________