Periodontal Referral Form

White Wolf Dental | 1221 Dunlawton Ave Suite 100, Port Orange, FL 32127
Office: 386-304-1181 | Fax: 386-304-6401

Patient name

Date

Referring doctor

Phone

Reason for Referral - check all that apply

- [ ] Periodontal Evaluation
- [ ] IV Sedation
- [ ] Oral Sedation
- [ ] LANAP
- [ ] Osseous Surgery
- [ ] Extractions
- [ ] Crown Lengthening
- [ ] Implant(s)
- [ ] Hybrid/All-on-X
- [ ] Bone Graft
- [ ] Tissue Grafting
- [ ] Gingival Contouring
- [ ] Frenectomy
- [ ] Perio-Accelerated Osteogenic Orthodontics
- [ ] Pre-prosthetic (Tori Removal/Alveoloplasty)

Tooth #(s)

Quads

Previous periodontal therapy: [ ] None [ ] Prophylaxis Only [ ] Scaling and Root Planning [ ] Surgery

Pre-medication requirement? ( ) Yes ( ) No Antibiotic used

Radiographs: [ ] Please take/send copy [ ] Patient will bring copy [ ] Emailed (front_office@whitewolfdental.com)

Restorative Treatment Plan / Comments

Please: [ ] Call me before seeing patient [ ] Call me after seeing patient

Dentist signature

Date

Adrian Abrahams, DMD | Periodontist
White Wolf Dental | 1221 Dunlawton Ave., STE 100, Port Orange, FL 32127 | 386-304-1181
Fax: 386-304-6401 | front_office@whitewolfdental.com | WHITEWOLFDENTAL.COM