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Referring Doctor: _____ Date: _____

Patient Name: _____ Pt Phone #: _____

Referral to: Dr. Shumaker Dr. Paris No Preference/First Available

A comprehensive periodontal examination is done on most patients referred for the following (this may include FMX radiographs):

- Periodontal condition/Periodontitis/Deep pocket depths: # _____
- Gingival recession and/or Lack of attached gingiva: # _____
- Extractions with ridge preservation: # _____
- Dental Implants: # _____
 - Including (if applicable): Ridge augmentation, Sinus augmentation: # _____
- Peri-Implant Defects (Mucositis/Bone loss/Peri-Implantitis) # _____

A limited periodontal examination is done on most patients referred for the following:

- Crown Lengthening: # _____
- Oral Pathology/Biopsy: Area: _____
- Emergency: Area: _____
- Other (Please describe below in comments section)

Comments: _____

Current Radiographs Available: FMX (18-20 films) HBWX VBWX Pano
 CBCT Scan Patient carry Will send electronically