

# CTP Central Texas Periodontics

Dental Implants, Oral Cosmetic Surgery, Oral Medicine

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This is to introduce \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Who is being referred to your office for  Full mouth perio examination  
 Limited exam of the following areas / Tooth # \_\_\_\_\_

Of the following condition

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mucogingival defect | <input type="checkbox"/> Implant consultation      | <input type="checkbox"/> Crown lengthening (functional/aesthetic) |
| <input type="checkbox"/> Frenectomy          | <input type="checkbox"/> Biopsy                    | <input type="checkbox"/> Gingivectomy                             |
| <input type="checkbox"/> Extractions         | <input type="checkbox"/> Acute periodontal abscess | <input type="checkbox"/> Bone regeneration                        |
| <input type="checkbox"/> Tooth uncovering    | <input type="checkbox"/> Other _____               |   |

Specific restorative plans \_\_\_\_\_

Comments \_\_\_\_\_

Referred By \_\_\_\_\_