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

- ☐ Mucogingival defect
- ☐ Frenectomy
- ☐ Extractions
- ☐ Tooth uncovering
- ☐ Implant consultation
- ☐ Biopsy
- ☐ Acute periodontal abscess
- ☐ Other _____
- ☐ Crown lengthening (functional/aesthetic)
- ☐ Gingivectomy
- ☐ Bone regeneration

Specific restorative plans _____

Comments _____

Referred By _____