PHILIP NOVACK
PERIODONTIST

Periodontal Referral Form

Doctor: ______________________________Appt. Date:____ at __________ AM/PM
Patient: ____________________ Age:____ Home:______________ Work:_______________ Email: _____________________

1. Patient has had: ☐Plaque control ☐Some scaling ☐Oral Hygiene Instruction ☐Initial therapy
2. Stage of Operative Dentistry: ☐Completing ☐Caries control ☐Re-evaluate
3. Time in Practice: ☐New ☐_____Years
4. Active recall: ☐Yes ☐No
5. May also require: ☐Endo___________ ☐Ortho__________ ☐Oral surgery______________
6. Patient Attitude: ☐Good ☐Fair ☐Needs motivation
7. Concern: ☐Esthetics ☐Comfort ☐Tooth loss ☐Insurance ☐Dental implants
   ☐Apprehension ☐Time loss ☐Finance ☐Other___________________
8. Reason Referred for : ☐Generalized Periodontal Evaluation and Treatment
   - ☐Specific Concerns:____
   - ☐Surgical Crown Lengthening:____
   - ☐Mucogingival Surgery:____
   - ☐Ridge Augmentation:____
   - ☐Aesthetic Gingival Contouring:_____________________________________
   - ☐Implant Surgery:____
   - ☐Sinus Lift:____
   - ☐Bone Grafting:____
   - ☐PAOO (Perio Accelerated Osteogenic Orthodontics):___________________
   - ☐Extraction of Teeth #'s:____
   - ☐Frenectomy:____
   - ☐Gingivectomy:____
   - ☐Correction of an Open Interproximal Space:__________________________
   - ☐Biopsy/Pathology:____
   - ☐Other:____
9. Radiographs enclosed or forwarded: ☐Full mouth series ☐Specific PA ☐Panorex ☐CT ☐Please return
10. Periodontal concerns discussed with patient:
    ☐Bone loss ☐Mobility ☐Oral hygiene ☐Recession
    ☐Tooth loss ☐Habits ☐Fees ☐Swelling
    ☐M.A.G. ☐T.M.J. ☐Surgery ☐Pockets
    ☐Facial esthetics ☐Provisional Prosthetics ☐Implants
    ☐ Dental esthetics ☐Occlusion
11. Restoration is cemented: ☐Temp. ☐Perm. ☐Date:_____________________
12. Prosthetics discussed: ☐Crowns_____________________________________
    ☐Bridges_____________________________________
    ☐Implants____________________________________
    ☐Removable__________________________________
13. Please call to discuss case: ☐Prior to consult ☐After consult ☐Time:____________
    ☐Prosthetic consult at our office after your consult

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Comments:

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