

# SOUTHPOINT PERIODONTICS

## Periodontal Health & Implant Centre

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Periodontist

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Date: .....

Referring Dentist: .....

### Patient Information

First Name: .....

Last Name: .....

Patient Phone #: .....

### Referral Details:

For consideration of the following teeth/sites:

8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8

- Complete Periodontal Exam
- Specific Exam
  - Dental Implants
  - Soft Tissue Grafting
  - Frenectomy
  - Pre-prosthetic Crown Lengthening
  - Extractions
  - Bone Grafting / Sinus Augmentation / Ridge Augmentation
  - Pre-Orthodontic Procedures (Tooth Exposure, Frenectomy, Soft Tissue Graft)
  - Oral Pathology / Biopsy.....
  - Cone Beam CT.....
- Oral / IV Sedation Consultation
- Other .....

Antibiotic Prophylaxis Required? Yes / No

Additional Comments: