

DiFranco Periodontics and Dental Implants

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Introducing _____ Date _____

Referring Dr. _____

Referral for:

Complete Periodontal Examination

Implant(s)

Clinical Crown Lengthening

Gingivectomy

Tooth Exposure(s) _____

Emergency Visit Regarding _____

Specific Restorative Plans _____

Comments _____

Has your patient had **previous periodontal therapy**?

None

Prophylaxis Only

Scaling and Root Planing

Surgery

Does the patient require **antibiotic premedication**? Yes

If yes, what antibiotic is used? _____

Radiographs:

Please take/send copy

Patient will bring copy

I will send/ Please return

Please:

Call me before seeing the patient

Call me after seeing the patient

Alternate recall cleanings

Do all recall cleanings for patient

Please arrive for your appointment 15 minutes early to fill out any necessary paperwork.

We look forward to assisting you with your periodontal health.