



**ADVANCED
PERIODONTICS
OF WASHINGTON**

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Date: _____

Patient Name _____

Telephone Home : _____ Work : _____

Referring Dentist: _____ Send additional referral pads

PERIODONTAL / IMPLANT REFERRAL

- Requires Complete Periodontal Examination
- Evaluate isolated area _____
- Extraction _____
- Implants _____
- Crown Lengthening _____
- Soft Tissue Graft _____
- Oral Pathology / Biopsy _____
- Pre-Orthodontic evaluation
- Digital Panoramic Film

RADIOGRAPHS: Please take Given to patient Mailed

COMMENTS: _____

FOR NEW PATIENTS: Please be prepared to provide a complete list of your current medications. If you require antibiotic pre-medication for dental appointments, please pre-medicate for your initial visit. If you have been prescribed a blood thinning medication, please inform the office when making your appointment.