PERIODONTAL REFERRAL

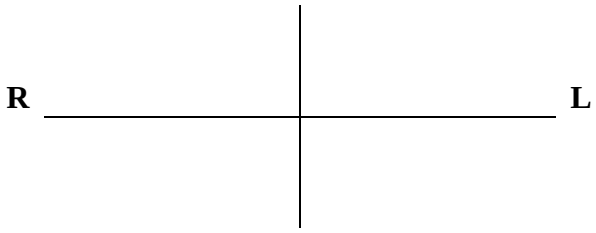
PATIENT DETAILS:

Title: **Name:** **D.O.B**
Address:

Postcode: **TEL:**

I would be grateful if you could see the above patient for:

TEETH TO BE TREATED – PLEASE ANNOTATE AS REQUIRED:



PERIODONTICS:

O Periodontal assessment and treatment The problem is: □ Generalised □ Localised

O Perio Surgery: □ Gum Grafting □ Crown Lengthening □ Ridge Augmentation
□ Laser Therapy □ Bone Augmentation □ Root Resection

Associated problems:
□ Pain □ Recurrent abscesses □ Swelling □ Tooth Mobility
□ Bleeding □ Bad Breath/Taste. □ Other ……..

BPE score:

Please indicate if you/your hygienist will be willing to carry out maintenance therapy once the active treatment has been completed: **YES / NO**

In the meantime patients **will continue to see you** for routine dental check ups and treatment.

Relevant Medical History:

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Referring Dentist Name: ……...
Address……..…
Tel: …… Email:……Date.....