

Date: _____

This is to introduce:

by the office of: _____

1. Reason for referral

- Complete Periodontal Evaluation
- Crown Lengthening
- Mucogingival Problem (soft tissue grafting)
- Extraction
- Ridge Augmentation
- Implants
- Other

2. Area of Chief Concern:

Tooth/Teeth# _____

3. Radiographs:

- Radiographs will be provided for this patient
- Please take appropriate radiographs

4. Tentative Restorative Plans:

5. Remarks: