S|K

TROY PERIODONTICS & DENTAL IMPLANTS

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INTRODUCING: _____ DATE REFERRED: ____/____/____

REASON FOR REFERRAL:

- ☐ SINUS LIFT
- ☐ IMPLANT PLACEMENT
- ☐ PERIODONTAL DISEASE
- ☐ EMERGENCY
- ☐ CROWN LENGTHENING
- ☐ EXTRACTION
- ☐ PERI-IMPLANT DISEASE
- ☐ IV SEDATION
- ☐ SOFT TISSUE GRAFT
- ☐ BONE GRAFT
- ☐ ORAL PATHOLOGY/BIOPSY
- ☐ CT SCAN

- TOOTH#/SITE#/QUADRANT _____
- OTHER _____

_____

☐ X-RAY BEING FORWARDED

SCALING AND ROOT PLANING IN THE LAST 2 YEARS? ☐ NO ☐ YES

- REFERRING DR. _____

☐ EMAIL A LETTER ☐ MAIL A LETTER ☐ CALL THE OFFICE

PLEASE EMAIL OR FAX THE REFERRAL TO DR. KORKIS' OFFICE