# Ocala Periodontics & Dental Implants

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Please EMAIL to office@ocalaperio.com or FAX to (352) 433-4497

Please visit our website at www.ocalaperio.com

**Patient Information** **Date of Referral** ______/______/______

Name: Mr. / Ms. / Mrs. / Dr. ____________________ D.O.B. ______/______/______

Telephone: cell / home / work ( ) ____________________ Email: ____________________

☐ Patient is scheduled in your office on ______/______/______ at ______:______ am / pm

☐ Patient will contact your office ☐ Please contact patient to schedule

**Referring Doctor**

Dr. ____________________ Email: ____________________

Office Phone: ____________________ Office Fax: ____________________

☐ Please call me to discuss this case before / after your examination

**Reason For Referral**

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |

- ☐ Periodontal Disease
- ☐ Gingival Recession
- ☐ Crown Lengthening
- ☐ Dental Implants
- ☐ Dental Implant Site Development
- ☐ Extractions
- ☐ IV Sedation
- ☐ Alveoloplasty
- ☐ Tori/Exostoses Removal
- ☐ Oral Pathology/Biopsy
- ☐ Impacted Tooth Exposure
- ☐ Frenectomy
- ☐ Hemangioma Removal
- ☐ CT Scan - Please Complete CT Prescription Form
- ☐ Other ____________________
- ☐ LANAP/LAPIP
- ☐ Pinhole Surgical Technique

**Restorative Plans**

1. ____________________
2. ____________________
3. ____________________
4. ____________________

| **Radiographs Available:** | **Date Taken** |
|---|---|
| ☐ FMX | ____/____/____ |
| ☐ BWX | ____/____/____ |
| ☐ PANO | ____/____/____ |
| ☐ PAs | ____/____/____ |

**Sending by:**

☐ Email

☐ Mail

**Periodontal Treatment Completed in Your Office**

| | **Dates Completed** |
|---|---|
| ☐ Debridement | ____/____/____ |
| ☐ Scaling & Root Planing | ____/____/____ |
| ☐ Periodontal Maintenance | ____/____/____ |

**Notes** ____________________

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**PLEASE SEE MAP ON REVERSE FOR DIRECTIONS TO OUR OFFICE**