



PERIODONTIC REFERRAL

DEENA SHER, DMD, MS

www.SherSmiles.com

Date: _____

Introducing: _____

Who is being referred for:

- Full periodontal examination and treatment
- Evaluation and treatment of localized areas
 - Crown lengthening/exposure _____
 - Soft tissue/recession _____
 - Extraction _____
 - Implant _____
 - Pathology _____
 - Other _____

Areas of Concern:

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

Remarks: _____

Radiographs: Given to patient Sent/emailed Please take as needed

Referred By: _____

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