



## PERIODONTIC REFERRAL

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[www.SherSmiles.com](http://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/mailed  Please take as needed

Referred By: \_\_\_\_\_

### MAYFIELD HEIGHTS

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