J. Gregory Condrey
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Periodontics & Dental Implants

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Patient's Name: _____ Phone Number: _____

Referred by Dr: _____

REASON FOR REFERRAL:

- ❑ Periodontal evaluation
- ❑ Implant Evaluation
- ❑ Gingival graft for root coverage
- ❑ Other _____
- ❑ Gingivectomy/gingivoplasty
- ❑ Ridge augmentation
- ❑ Frenectomy
- ❑ Crown lengthening
- ❑ Gingival graft to increase attached gingiva
- ❑ Biopsy/Oral lesion

PREVIOUS PERIODONTAL THERAPY:

❑ None ❑ Prophylaxis ❑ Scaling/root planing ❑ Antimicrobial therapy ❑ Surgery

COMMENTS OR REQUESTS: _____

_____

_____

IMAGES: ❑ Please take/send copy ❑ I will send

PLEASE... ❑ Call me before seeing patient ❑ Call me after seeing patient
❑ Notify me by letter after appointment