

# Jill E. Doan, DDS, MS

Diplomate, American Board of Periodontology  
Comprehensive Periodontics & Implants

www.doanperiodontics.com

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

**REASON FOR REFERRAL:** (select all that apply)

- Comprehensive/Full Mouth Periodontal Exam
- Limited Periodontal Exam
- Scaling and Root Planing
- Crown Lengthening
- Extraction
- Dental Implant
- Frenectomy
- Exposure of Impacted Teeth
- Periodontal Surgery
- Recession / Soft Tissue Grafting
- Biopsy / Oral Lesion Evaluation
- Other: \_\_\_\_\_

**AREA(S)**

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\_\_\_\_\_

**RADIOGRAPHS:**

- Need to be taken
- Are being sent to you:  FMX  PA  BW  PAN  CT Scan

**PERIODONTAL TREATMENT COMPLETED IN OUR OFFICE:**

- New patient
- Scaling and root planing: \_\_\_\_\_UR \_\_\_\_\_UL \_\_\_\_\_LL \_\_\_\_\_LR, date: \_\_\_\_\_
- Periodontal maintenance or prophylaxis, date: \_\_\_\_\_

**CASE PLANNING:**

- Please call BEFORE / AFTER examination.

**COMMENTS:**

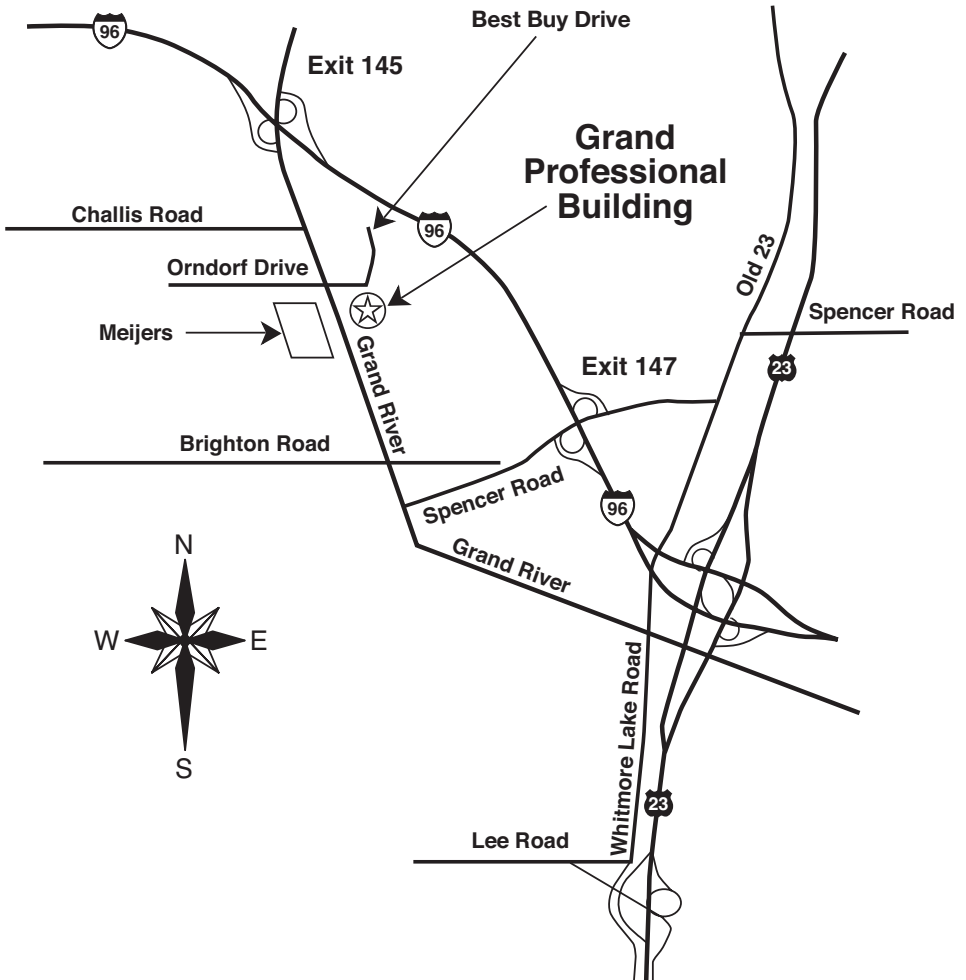
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\_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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