

Vani Prabakaran, DDS, MS 6210 Scott Street Unit 114 Punta Gorda, FL 33950 P: 941-623-9920

F: 239-301-4789

E: office@periohealthswfl.com

Date:		
Introducing:Ph. number:		
Referring Doctor:		
Appointment Date and Time:		
48 hours notice is necessary if unable to honor appointment		
□ Please check if antibiotic PREMEDICATION is required for appointments		
PLEASE BRING THIS FORM TO YOUR APPOINTMENT		
Referral for: Complete periodontal evaluation		
1 2 3 4 3 0 7 0 9 0 11 12 3 4 13 10		
area(s): □ Evaluation for LANAP/LAPIP		
□ Esthetic gingival recontouring		
□ Gingival asymmetry		
□ Gummy smile		
☐ Ridge augmentation for		
esthetics in pontic area		
□ Gingival recession/mucogingival defect, area(s):		
□ Evaluation for Chao Pinhole Technique		
□ Frenectomy in conjunction with tissue grafting		
□ Dental implant evaluation, area(s):		
□ Extraction and Ridge Preservation		
☐ GBR/Bone Grafting		
☐ GBA/Bone Graiting ☐ Sinus Lift		
□ Orthodontic Co-Therapy		
☐ Tooth Exposure, area(s):		
☐ TAD Placement, area(s):		
Oll		
Restorative Treatment Plan:		
nestorative redunction in		
FMX and BW: □ To be emailed □ To be mailed □ Please take and send		
Patient has received:		
□ Perio Maintenance/OHI (mo. /yr.) □ New Patient		
□ Root Planing (mo. /yr.) □ Patient of Record since		
□ Previous perio therapy (<u>mo./yr.)</u> (<u>mo./yr.</u>)		
Please:		
□ Call me before evaluation of this patient		
□ Call me after evaluation of this patient □ Send Correspondence		



PerioHealth

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□ Complete periodontal evaluation	
☐ Limited periodontal evaluation,	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 1 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 1
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☐ Extraction and Ridge Preser	
☐ GBR/Bone Grafting	
☐ Sinus Lift	
□ Orthodontic Co-Therapy	
• •	
— Others	
Restorative Treatment Plan:	
FMX and BW: □ To be emailed □ To	b be mailed Please take and send
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