

**CUMBERLAND
PERIODONTICS**

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Periodontal Referral

DOCTOR _____

PATIENT _____ DATE _____

1. Patient has had: Plaque Control Scaling Recent Full Mouth X-Rays
2. Time In Practice: New _____ yrs. Active Recall Yes No
3. May also require: Endodontics _____ Oral Surgery _____ Orthodontics _____
4. Patient: Good Fair Needs to be motivated
5. Patient concern Re: Esthetics Discomfort Tooth Loss Apprehension
Time Loss Other _____

6. Referral for:

Generalised Problems _____

Specific Problems

1) Crown Lengthening

- a) Are the incisal edges in their final position? Yes No
- b) Desired length of Central Incisor _____
Lateral Incisors _____
Cuspids _____
- c) Will the tooth be restored following crown?
Lengthening Yes No Which teeth? _____

2) Ridge Augmentation

- a) What type of provisional is planned: Fixed _____ Removable _____
- b) Is an ovate pantie planned? Yes No
- c) Will an implant be placed into this area? Yes No

3) Soft Tissue Grafts

- a) Is root coverage desired? Yes No To what point on the tooth? _____
- b) Will these teeth be restored? Yes No
- c) Will there be intracrevicular margins on these teeth? Yes No

7. Implant(s) - Location(s): _____

8. Prosthetic Considerations: _____

9. Special Comments: _____

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