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Periodontics and Dental Implants, Exclusively
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Date: _____

Referring Doctor Name: _____

Patient: _____

Address: _____

Phone: _____

Pt's Ins: _____ ID#: _____ Grp#: _____

- Pt. has been requested to call your office
If patient has not called to schedule, may we contact them? Yes No
- Please contact the patient
- Appointment time has been made

Patient Referred for:

- Generalized periodontal disease
- Localized periodontal problem # _____
- Bone graft # _____
- Soft tissue graft # _____
- Crown lengthening # _____
- Acute periodontal abscess # _____
- Diagnosis of oral lesion # _____
- Implant Consult # _____
- Extraction # _____
 - In preparation for an implant or bridge (please assess need for bone grafting)
 - Extraction only
- Other:

Radiographs to be sent:

FMX PA BW's Pano

Have you taken an FMX?
If so, please list date _____

Patient History:

Has patient had any periodontal history (Ex. scaling and root planing, surgery or maintenance)?
Yes No

Procedures planned: Please list any specific procedures planned in your office (prosthetic, restorative, periodontal, etc.)

Additional notes:

Please fax to: 940-384-7370