



# EAST VALLEY PERIODONTICS

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DIPLOMATES OF THE AMERICAN BOARD OF PERIODONTOLOGY

Introducing: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

### Reason for Referral:

- Implant Consultation
- Preferred Implant Type
- Extraction/Graft
- Single Implant
- 3i
- Sinus Augmentation
- Multiple Implants
- Straumann
- Ridge Augmentation
- Implant Supported Denture
- Implant Healing Abutment
- Soft Tissue Grafting
- Hybrid
- Preference for 3i
- Crown Lengthening
- Provisional
- Encode Healing Abutment
- Canine Exposure
- 3-D Cone Beam
- Regular Healing Abutment
- Oral Pathology
- Periodontal Evaluation and Treatment
- IV Sedation
- Other: \_\_\_\_\_

Please Email This Referral Slip and the Most Recent FMX or BWX to: [DentalStaff@EVPERIOD.COM](mailto:DentalStaff@EVPERIOD.COM)  
 Date X-Rays were taken: \_\_\_\_\_

### Areas of Concern:

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

### Please complete entire section below

Restorative Plan: \_\_\_\_\_

Referred by Dr: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Do you place your own implants?  Yes  No  Some But Not All