EAST VALLEY PERIODONTICS

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DIPLOMATES OF THE AMERICAN BOARD OF PERIODONTOLOGY

Introducing: _____

Phone Number: _____ Date: _____

Reason for Referral:

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

Please Email This Referral Slip and the Most Recent FMX or BWX to: DentalStaff@EVPERIO.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

EVPERIO.COM

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Superstition Springs Location

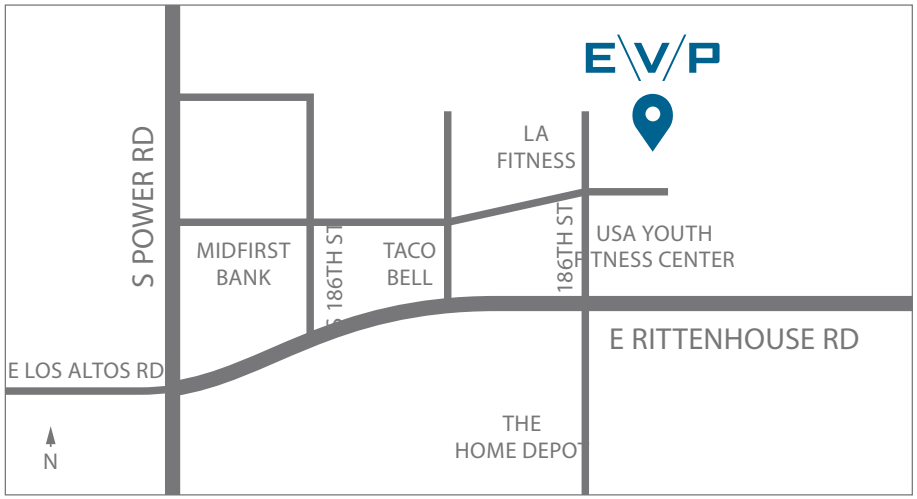
6755 E Superstition Springs Blvd, Suite 102, Mesa, AZ 85206

480.218.7590 P 480.218.2247 F

Queen Creek Location

18610 E Rittenhouse Rd, Suite 104, Building A, Queen Creek, AZ 85142

480.988.6609 P 480.218.2247 F



WE'RE GOING TO MAKE YOU SMILE.