**Specialist Consultation and Specialty Treatment Referral Form**

**Fax this form to 214-731-1122**
**No cover sheet required**

**Please circle area to be treated**

<table>
<thead>
<tr>
<th>UR area</th>
<th>UL area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>32</td>
<td>31</td>
</tr>
<tr>
<td>LR area</td>
<td>LL area</td>
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</tbody>
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**CURRENT FINDINGS AND CONCERNS:**

**REASON FOR REFERRAL (CHECK ALL THAT APPLY):**

- **FREE CONSULTATION**
- **FREE CAT SCAN**
- **Dental Implant**
- **Extraction and Implant**
- **Wisdom Teeth Removal**
- **Extraction**
- **Extraction and Bone Grafting**
- **Ridge Augmentation Surgery**
- **Sinus Lift Bone Augmentation**
- **Guided Bone Regeneration**
- **Emergency Evaluation**
- **Gingival Recession Evaluation**
- **Gum (Soft Tissue) Grafting**
- **Periodontal Disease Evaluation**
- **Bone Loss Evaluation**
- **Periodontal Bone Grafting**
- **Pocket Reduction Surgery**
- **Esthetic Mucogingival Surgery**
- **Reconstructive Periodontal Surgery**
- **Surgical Uncovering for Orthodontics**
- **Bond Eruption Chain w/ Surgical Uncovering**
- **Orthodontic Screw / Mini Implant**
- **Dental Abscess**
- **Crown Lengthening**
- **Gingivectomy**
- **Frenectomy**
- **Distal Wedge Surgery**
- **Soft or Hard Tissue Biopsy**
- **Oral Medicine Evaluation**
- **TMJ Disorder Evaluation**
- **Nitrous Oxide Sedation**
- **Oral Sedation**
- **IV Sedation**

**Treatment already completed to correct this condition (if any and when):**

__________________________

**Relevant restorative, non-surgical periodontal or minor surgical treatment to be performed, in progress, or completed (if any):**

__________________________

**Referring doctor's comments and special instructions:**

__________________________

**Enclosed x-rays, perio charting, or other records:**

☐ Perio charting  ☐ FMX  ☐ Periapical  ☐ Pano  ☐ Referral form  ☐ Given to patient

**Appointment Instructions:**

☐ We already called your office when the patient was here and made an appointment with your office

**Our referral base tested THREE STEP EASY approach to a smooth referral process with better acceptance rate:**

1. Your office faxes this referral form
2. We call your patient to schedule for a NO OBLIGATION FREE visit with us
3. We will keep you updated of your patient’s progress

**Outstanding Patient Satisfaction and Excellent Customer Service is Our Motto!**