

PERIODONTAL CONSULTATION REFERRAL

Referred by: _____

Introducing: _____ Tel. #: _____

Appointment date: _____ Time: _____

Do they need Pre-Med? Yes No

Periodontal therapy in your office to date: _____

I am sending: Full mouth survey Panoramic radiograph
 Bite wings No current radiographs available

Comments: _____

- Periodontal Disease
 - Full Exam
 - Isolated teeth (indicate on charge below)
- Bone Regeneration - Ridge Augmentation
- Crown Lengthening (Anterior for Esthetics)
- Crown Lengthening (Posterior for Function)
- Esthetic Gingival Contouring
- Dental Implant
- Biopsy
- Orthodontic Tooth Exposure
- Frenectomy
- Soft Tissue Graft
- Other _____

AREAS OF CONCERN:

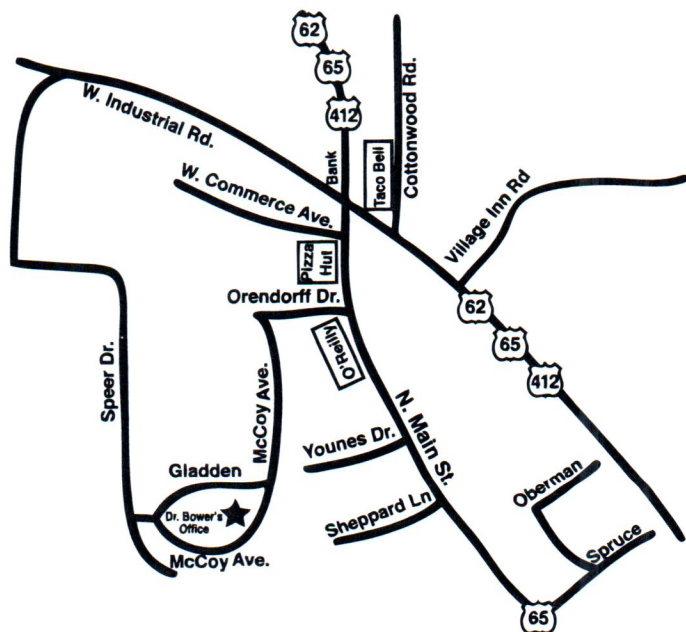
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

The restorative treatment plan may include:

- Operative
- Implants
- Partial Dentures
- Dentures
- Crown and Bridge
- Occlusal Therapy
- Maxillary
- Mandibular
- Maxillary
- Mandibular

Comments: _____

Thank you for entrusting us with the care of your patient!



Our Harrison office is on McCoy Avenue.
Go up the hill on Orendorff Drive
between Pizza Hut and O'Reilly's Automotive.
Turn left on McCoy Avenue
and look for Westrock Orthodontics.

At the Office of:
Westrock Orthodontics

1405 McCoy Ave.
Harrison, AR 72601
1-866-521-6400
Fax 1-479-521-0164

**When you call, be sure to say
you want to be seen in the Harrison office.**

Harrison office.