



DANIEL WEST, D.D.S., M.S.

INTRODUCING: _____

APPOINTMENT DATE & TIME: _____

Diplomate, American Board of Periodontology
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Please call 770-493-8500 to schedule your patient's appointment.

PLEASE BRING THIS FORM TO YOUR APPOINTMENT.

DATE: _____ REFERRING DR. _____ PHONE: _____

This patient is being referred for evaluation of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Advanced Periodontal Disease | <input type="checkbox"/> Osseous Surgery | <input type="checkbox"/> Orthodontic Co-therapy |
| <input type="checkbox"/> Biopsy / Oral Lesion | <input type="checkbox"/> Guided Tissue Regeneration | <input type="checkbox"/> Tooth Exposure |
| <input type="checkbox"/> Comprehensive Periodontal Evaluation | <input type="checkbox"/> Implant Consultation | <input type="checkbox"/> Gingivectomy |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Extraction & Ridge Preservation | <input type="checkbox"/> Recession / Soft Tissue Grafting |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> GBR / Bone Grafting | <input type="checkbox"/> Ridge Augmentation |
| <input type="checkbox"/> Gingival Contouring for Cosmetics | <input type="checkbox"/> Sinus Lift | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Peri-Implantitis/ Implant Mucositis | <input type="checkbox"/> Isolated Periodontal Evaluation | Comments: _____ |

Please call me before proceeding with treatment.

I have sent radiographs for your evaluation.

2256 Northlake Parkway • Suite 215 • Tucker, GA 30084 • Phone 770-493-8500 • Fax 770-270-1572