



ShirePeriodontics

Implant and Periodontics Specialists

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Specialist Periodontist

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Patient's Name:

Reason for referral:

- | | |
|--|--|
| <input type="checkbox"/> Consult | <input type="checkbox"/> Implant surgery -preferred system/s:..... |
| <input type="checkbox"/> Periodontitis | <input type="checkbox"/> Peri-implantitis..... |
| <input type="checkbox"/> Canine/tooth exposure | <input type="checkbox"/> Hard/soft tissue graft for implant bed |
| <input type="checkbox"/> Recession coverage | <input type="checkbox"/> Extraction and ridge augmentation |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Sinus lift |
| <input type="checkbox"/> Root resection/Hemi-section | |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Other |

Notes/details:

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Referred by: Signature:

Date: Attached: OPG CT PA/BW