



ShirePeriodontics

Implant and Periodontics Specialists

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📍 Specialist Medical Centre
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Patient's Name:

Reason for referral:

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

Notes/details:

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Referred by: Signature:

Date: Attached: ☐ OPG ☐ CT ☐ PA/BW