



FIANDACA PERIODONTICS

Dante J. Fiandaca, D.D.S.

A Practice Limited to Periodontics

• Dental Implants • Laser Periodontal Treatment

PATIENT REFERRAL SLIP

Date _____

This is to introduce _____

Please evaluate and treat for:

Periodontal Disease

Dental Implant(s)

Bone Grafting

Ridge or Sinus Augmentation

Recession/Grafting

Frenectomy/Fiberotomy

Crown Lengthening

Oral Lesion

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

Periodontal treatment already done:

Plaque Control/Oral Hygiene Instructions

Scaling and Root Planing UR/LR/UL/LL/ALL Date done _____

Your restorative treatment plan or remarks:

Dr. _____ Phone: _____



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