



# 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:

- |  |  |
|--|--|
| <input type="checkbox"/> Periodontal Disease | <input type="checkbox"/> Dental Implant(s)           |
| <input type="checkbox"/> Bone Grafting       | <input type="checkbox"/> Ridge or Sinus Augmentation |
| <input type="checkbox"/> Recession/Grafting  | <input type="checkbox"/> Frenectomy/Fiberotomy       |
| <input type="checkbox"/> Crown Lengthening   | <input type="checkbox"/> Oral Lesion                 |
| <input type="checkbox"/> 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

### Please provide the following:

- Email most recent FMX and relevant x-rays to [fiandacaperio@sbcglobal.net](mailto:fiandacaperio@sbcglobal.net)
- History of Scaling and Root Planing UR/LR/UL/LL Date \_\_\_\_\_

### Your restorative treatment plan or remarks:

Dr. \_\_\_\_\_ Phone: \_\_\_\_\_



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