



Implant Perio. Clinic

Implant Perio. Clinic Specialist Referral Form

www.implantperio.net

Surname: Mr. Miss, Mrs.
Address:
Date of birth: dd/ mm / yyyy
Telephone number:

Initials:
Postal code:
City:
E-mail:

Extraoral examinations: Palpable lymph nodes TMPDS
Intraoral examinations:
FMPS = % FMBS = % BPE:
Probing depths (Range): mm- mm Recession: Teeth

Additional attached information:

- Relevant dental / medical history
- Panoramic radiographs
- Records of periodontal charting
- Other Specialists referrals correspondence
- Implant placement is undertaken
- ASA: I, II, III, IV
- Digital periapical radiographs
- Periodontal treatment is undertaken
- Multi-disciplinary treatment plan
- Other, namely

Periodontics

- Advice for periodontal treatment
- Root amputation, root resection,
- Explorative/Regenerative Periodontal Surgery of Endo-Perio Lesion: Tooth
- Gingival transplant: Tooth
- Root resection (including periodontal regeneration)
- Soft tissue augmentation: Region
- Aesthetic Smile Design (Gingival/Osseous Re-contouring: Region
- Accelerated Orthodontic (Please attach the planned OTM)
- Treatment of periodontal disease
- root separation, pre-molarisation: Tooth
- Dento-alveolar reconstruction: Region
- Crown Lengthening: Tooth

Oral Surgery

- Surgical extraction: Tooth
- Excision/ Enucleation of cyst & Reconstruction
- Alveolar Ridge Reconstruction: Region
- Surgical Removal of Impacted Tooth:
- Sinus Floor Augmentation

Referral for Implantology

- Implant placement: region
- Tooth lost due to endodontic, restorative failures, periodontitis, trauma, others
- Pre-implant reconstructive surgery: region Sinus augmentation: region
- Ridge augmentation: region
- Extraction of tooth/teeth followed by placement of dental implant: region
- Placement of dental implant: region
- Implant-supported Fixed prosthodontics
- Treatment of peri-implantitis: region
- Insertion of Orthodontic TAD
- Aesthetic soft tissue augmentation: region
- Restorative phase of dental implant
- Implant-Supported Removable Prosthesis
- Treatment of peri-implant recession: region.....

Maintenance: Implant Perio. Clinic Own practice

Name of Referring Clinician: Signature: Date: dd / mm / yyyy