

South Hill Periodontics

PERIODONTAL REFERRAL FORM

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2700 Southeast Blvd, Ste 210 | Spokane, WA 99223

Ph: 509-536-7032 | Fax: 509-536-7002 | SouthHill@mydentalmail.com | SouthHillPerio.com

Today's Date _____

Patient Name _____

Patient Phone/Email _____

Referring Doctor/Office _____

Office Phone/Email _____

I have referred the above patient to you for:

- | | |
|---|---|
| <input type="checkbox"/> Periodontal Disease: Generalized Tooth # _____ | <input type="checkbox"/> Esthetic Crown Lengthening (gummy smile) |
| <input type="checkbox"/> Laser Osseous Surgery (LANAP) | <input type="checkbox"/> Ridge Augmentation Sinus Elevation # _____ |
| <input type="checkbox"/> Recession Inadequate Soft Tissue # _____ | <input type="checkbox"/> Frenectomy Vestibular Advancement |
| <input type="checkbox"/> Implant Consultation # _____ | <input type="checkbox"/> Biopsy Oral Lesions Mucositis # _____ |
| <input type="checkbox"/> Extraction/Explantation and Ridge Preservation # _____ | <input type="checkbox"/> IV Sedation |
| <input type="checkbox"/> Peri-implant Diseases and Conditions # _____ | <input type="checkbox"/> SRP Periodontal Maintenance |
| <input type="checkbox"/> Functional Crown Lengthening # _____ | <input type="checkbox"/> Treatment Planning Full Mouth Rehabilitation |

ADDITIONAL INFORMATION/COMMENTS _____

REFERRING OFFICE INFORMATION

Patient is scheduled for Periodontal Maintenance on (date) _____

Available Radiographs (within last year) ☐ FMX ☐ Panorex ☐ PA

Referring office to complete our own ☐ SRP ☐ Perio Maintenance ☐ Implant Placement

Patient history of SRP _____

Planned Restorative Treatment _____

REFERRING OFFICE: SCAN AND EMAIL WITH RELEVANT RADIOGRAPHS TO
SOUTHILL@MYDENTALMAIL.COM OR FAX TO 509-536-7002

Dear Patient,
We look forward to serving you. Please call us at 509-536-7032 to schedule an appointment. Your first visit will be an evaluation only including review of your medical history and recent radiographs. The required x-rays will be taken if not available. Please bring a list of all medications and supplements you are currently taking. Please allow 90 minutes for your visit and arrive 10 minutes early to complete registration paperwork. You may pre-register at www.SouthHillPerio.com. Any patient under the age of 18 must be accompanied by a parent or legal guardian.