PROSPER PERIODONTICS & DENTAL IMPLANTS

**DR. PRAVEEN PARACHURU**

DATE: ____________________

**THIS IS TO INTRODUCE:** ____________________ **PATIENT PHONE:** ____________________

REFERRING DOCTOR: ____________ OFFICE NAME: ____________ OFFICE PHONE: ____________

☐ AN APPOINTMENT HAS BEEN RESERVED ON: ____________________
☐ PLEASE CALL MY PATIENT TO SCHEDULE AN APPOINTMENT
☐ MY PATIENT WILL BE CALLING YOU TO SCHEDULE AN APPOINTMENT

MY PATIENT REQUIRES A COMPLETE EXAMINATION FOR (PLEASE SPECIFIY SITE):

| | | |
|---|---|---|
| ☐ Periodontal Evaluation | ☐ Bone Graft | ☐ Emergency |
| ☐ Implant Evaluation | ☐ Peri-implantitis (LAPIP) | ☐ Exposure of Impacted Tooth |
| ☐ Extraction | ☐ Oral Pathology / Biopsy | ☐ 3-D CT Scan |
| ☐ Soft Tissue Graft/Recession Treatment | ☐ Crown Lengthening | ☐ Wisdom Teeth Extraction |
| ☐ Guided Tissue Regeneration (GTR) | ☐ Cosmetics | ☐ Other |
| ☐ LANAP | ☐ SRP/Perioscopy | |

COMMENTS (PLEASE INCLUDE RELATED TREATMENT COMPLETED IN YOUR OFFICE IF INDICATED):

____________________

____________________

____________________

RADIOGRAPHS AVAILABLE: ☐ YES ☐ BEING SENT ☐ PATIENT BRINGING ☐ WOULD LIKE US TO TAKE

TYPE: ____________________ DATE TAKEN: ____________________

I PLAN THE RESTORATIVE/PROSTHETIC/ORTHODONTIC/ENDODONTIC/ORAL SURGERY TREATMENT:

____________________

____________________

____________________

MEDICAL HISTORY CONCERNS: ____________________ ANTIBIOTIC PROPHYLAXIS: ☐ YES ☐ NO

PLEASE CALL ME: ☐ BEFORE CONSULTATION ☐ AFTER CONSULTATION

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