

REFERRAL FORM

Dental Implant & Periodontal Partners, LLP
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Email all x-rays to xray@implantperioteam.com

() Stephen Bass, DDS, MS, PA

() Ellen Hall, DDS, MS, PA

Date: _____

Referring Doctor: _____ Office: _____

Introducing: _____ Patient's Phone: _____

() Patient will contact your office

() Please contact our patient

Please examine for the following:

() Implant Evaluation

() Bone Grafting

() Perio Evaluation

() Ridge Augmentation

() Recession/Tissue Grafts

() Cosmetics

() Crown Lengthing

() Other

Radiographs:

() Yes-upon request () Patient bringing () Being mailed () Being emailed

Type: _____ Date Taken: _____

() None available please take and forward a copy to our office

Comments:

Please Call:

() Before Patient Exam

() After Exam

() No Call Necessary

