NEWNAN PERIODONTICS AND DENTAL IMPLANTS

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Date: _____

From Dr: _____ Dr's Phone Number: _____

Introducing: _____

Reason for referral:

Area/Tooth #

- [ ] Periodontal /Peri-implant Disease _____
- [ ] Extractions and/or Dental Implants _____
- [ ] Mucogingival Deformity: _____
  Recession or Hyperplastic Tissue
- [ ] Crown Lengthening: _____
  Aesthetic or Pre-prosthetic
- [ ] Frenectomy/ Functional Frenuloplasty: _____
  Buccal or Lingual
- [ ] Oral Pathology: _____
  Dry Mouth, Burning Mouth Syndrome, Suspicious Lesions
- [ ] Others: _____
  Airway concerns

Comments/Notes:

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