Contemporary Dental Arts

Huy Pham, DDS, MSD
Periodontist & Oral Implantologist

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Patient Name: ______________________________ Phone No: ______________
Referring Doctor's Name:______________________________ Phone No: ______________
Address: ____

Reason for Referral:		
_____ Implants	Preferred System ______________________________	
_____ Periodontal Evaluation	_____ Soft Tissue Grafting	_____ Ridge Augmentation
_____ Esthetic Crown Lengthening	_____ Laser Therapy (LANAP)	_____ Peri-implantitis
_____ Pre-Prosth Crown Lengthening	_____ Exposure of Unerupted Tooth	_____ Other

Patient's Right																	Patient's Left
				A	B	C	D	E	F	G	H	I	J				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
				T	S	R	Q	P	O	N	M	L	K				

Periodontal Treatment Completed at Referring/Other Office			
_____ Prophylaxis	_____ Root Planing	_____Maintenance	_____Surgical Tx

Radiographs/Clinical Photos	
Date of Most Recent Radiographs: _______ _____ Mailed/Hand-Delivered	Please Take: _____ FMX
_____ E-mailed	_____ Digital Pano
_____ Given to Patient	_____ CBCT

Restorative Treatment Plan/Additional Information
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