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Diplomate, American Board of Periodontology

Date _____

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Referring Doctor _____

Patient Name _____

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

Confirm Tooth or Area _____

Reason for Referral

- Generalized Periodontal Disease
- Localized Periodontal Disease
- Laser Therapy
- Crown Lengthening
- Implants
- Gingival Recession
- Gingival Contouring for Cosmetics
- Other

Implants

- Astra
- Straumann
- Nobel
- 3i

Periodontal Treatment Completed in Your Office

- Oral Hygiene Instruction
- Prophy
- Scaling/Root Planing
- Perio Maintenance

Comments _____
