

Online Referral Form For Dr. J. Paul Fuentes & Dr. Andrew Peterson Periodontics ~ Implants

301 West Huntington, #507 • Arcadia, CA 91007 • p: 626.447.0946

PATIENT INFORMATION

Date:	Month:	Day:	Year:
Patient's First Name:			
Patient's Last Name:			
Patient's Telephone:	Home:	Work:	Cell:
Patient's E-Mail:			

REFERRING DOCTORS INFORMATION

Referred By:	Doctor:	Hygienist:
Doctor E-Mail: (opt.)		

COMPLETE PERIODONTAL EVALUATION

<input type="checkbox"/> Early
<input type="checkbox"/> Moderate
<input type="checkbox"/> Advanced

REFERRED FOR THE FOLLOWING

<input type="checkbox"/> Implants
<input type="checkbox"/> Gingival Recession
<input type="checkbox"/> Graft for Root Coverage
<input type="checkbox"/> Crown Lengthening for Restoration
<input type="checkbox"/> Crown Lengthening for Esthetics
<input type="checkbox"/> Osseous Grafting / Guided Tissue Regeneration
<input type="checkbox"/> Ridge Augmentation
<input type="checkbox"/> Extraction
<input type="checkbox"/> Frenectomy
<input type="checkbox"/> Accelerated Osteogenic Orthodontics
<input type="checkbox"/> Other:

<input type="checkbox"/> Same Day Treatment	<input type="checkbox"/> Consultation Only
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RADIOGRAPHS

<input type="checkbox"/> Being Mailed
<input type="checkbox"/> Given to Patient
<input type="checkbox"/> Please Take
<input type="checkbox"/> No X-Ray

To attach x-ray(s) to this referral form please submit the form at the bottom of the second page. After the form is submitted you will then have the option to upload x-rays that will be attached to this referral form.

IMPLANTS

Lifecore

Implant Innovations

Branemark

SURGICAL TEMPLATE

Provided by Dr. Fuentes

Provided by Restorative Dentist

PERIODONTAL TREATMENT COMPLETED IN YOUR OFFICE

Plaque Control Instruction

Prophylaxis and Gross Scaling

Root Planning

Periodontal Maintenance Therapy

Have you advised the patient of the possibility of extraction of any teeth? If yes, which tooth numbers:

Is there any restorative dentistry that needs to be completed?

Comments:

Submit Form