



**Dr Nupur Kataria** Periodontist

BDS (Adel), D Clin Dent (Perio), FRACDS (Perio)

## Periodontal Referral Letter

Date of Referral: \_\_\_\_\_

Referrer's Name: \_\_\_\_\_

Referrer's Phone Number: \_\_\_\_\_

### **Introducing**

Patient's Name: \_\_\_\_\_

Patient's Date of Birth: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

### **Reason for Referral**

- General periodontal evaluation & management \_\_\_\_\_
- Periodontal assessment & management of specific site \_\_\_\_\_
- Implant assessment & placement for tooth \_\_\_\_\_
- Assessment and management of gingival recession \_\_\_\_\_
- Crown lengthening of tooth \_\_\_\_\_
- Frenectomy/Pericision \_\_\_\_\_
- Other \_\_\_\_\_

**Radiographs Enclosed**    Yes                       No

Type \_\_\_\_\_

**Comments** \_\_\_\_\_