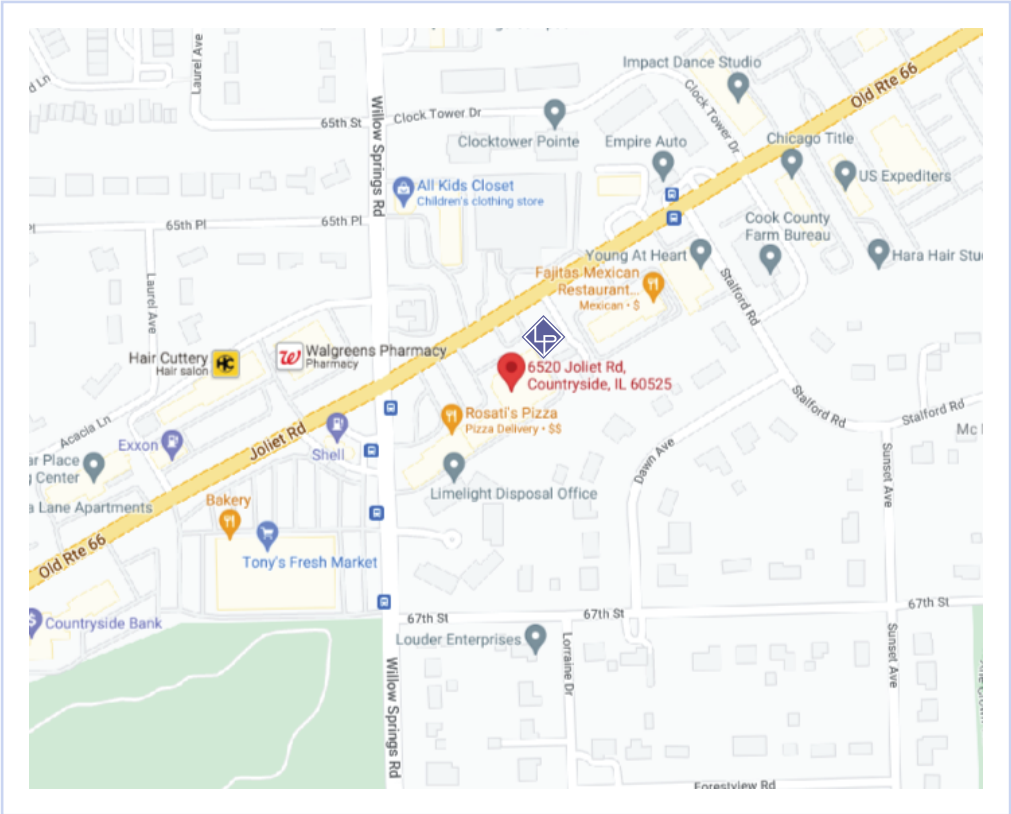
LAGRANGE PERIODONTICS
PLLC
RECONSTRUCTION | ESTHETICS | IMPLANTS

FARAH SHAKIR D.M.D. M.S. | MONICA BABBITT, D.D.S. | MICHELLE JENNINGS, D.D.S.

YOU HAVE BEEN REFERRED TO US FOR AN INITIAL PERIODONTAL/IMPLANT EVALUATION.

We are committed to offering our patients the highest quality of care. We will work closely with your referring doctor to ensure that we meet all of your individual needs. When you call to schedule your consultation, you will receive further information on what to expect during your first visit. We are looking forward to meeting you.



Find us at www.lagrangeperio.com - your complete online resource for information on periodontal diseases, implants, and related issues. We offer dental implants, immediate teeth solutions, gum disease treatment, accelerated orthodontics, oral surgery, 3D digital imaging, tissue engineering, and other solutions. Please visit our website to learn more.

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From: Dr. _____ Date: _____

Referring to: ☐ DR. FARAH SHAKIR ☐ DR. MONICA BABBITT ☐ DR. MICHELLE JENNINGS ☐ FIRST AVAILABLE

Patient Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Requires Premedication ☐ YES ☐ NO Reason for Pre-Med _____

REASON FOR REFERRAL

- ☐ Comprehensive Periodontal Evaluation
- ☐ Crown Lengthening (Aesthetic or Functional)
- ☐ Gingival Recession/Root Coverage; Site #___
- ☐ Oral Medicine/ Pathology Consult
- ☐ Extraction(s) _____
- ☐ Bone Grafting/Sinus Lift _____
- ☐ Implant Consultation; Site #___
- ☐ Laser Assisted Periodontal Therapy
- ☐ Cuspid Exposure
- ☐ CBCT
- ☐ Frenectomy
- ☐ Other: _____

RADIOGRAPHS

MOST RECENT RADIOGRAPHS TAKEN: _____ **DATE:** _____

- ☐ Radiographs are being mailed
- ☐ Radiographs are being emailed to: *periodds@lagrangeperio.com*
- ☐ Patient is bringing Radiographs
- ☐ Please take Radiographs

CBCT SCAN ☐ YES ☐ NO ☐ PLEASE TAKE

COMMENTS: _____

RESTORATIVE TREATMENT PLAN: _____

_____

_____