

Sentinel   
Periodontics  
& Implants

Watching Over Your Oral and General Wellbeing

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Active Member  
American Academy of Periodontology



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*Please email (sentinelperio@hotmail.com) or fax (360-423-5830) referral*

TODAY'S DATE \_\_\_\_\_ 20\_\_\_\_

REFERRING DR. \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PATIENT NAME \_\_\_\_\_

TELEPHONE (CELL) \_\_\_\_\_ (HOME) \_\_\_\_\_

FOR:  EMERGENCY EXAM AND TREATMENT     IMPLANTS (Straumann)  
 COMPREHENSIVE PERIODONTAL EXAM     GINGIVAL GRAFTS (Recession)  
 SITE SPECIFIC PERIODONTAL EXAM     CROWN LENGTHENING  
 CT SCAN

APPOINTMENT: DATE \_\_\_\_\_ TIME \_\_\_\_\_

CONTACT PATIENT TO SCHEDULE APPOINTMENT  
 PATIENT WILL CONTACT TO SCHEDULE APPOINTMENT  
 I GIVE SPI PERMISSION TO TEXT OR EMAIL ME  
 REGARDING AN APPOINTMENT (email) \_\_\_\_\_

RECENT FULL MOUTH RADIOGRAPHS or VERTICLE BITEWINGS

UNAVAILABLE, PLEASE TAKE NEW RADIOGRAPHS  
 ACCOMPANYING PATIENT  
 MAILED TO YOUR OFFICE  
 PLEASE RETURN RADIOGRAPHS  
 EMAILED TO YOUR OFFICE (sentinelperio@hotmail.com)

TREATMENT ALREADY COMPLETED:

PERIODONTAL MAINTENANCE    DATE \_\_\_\_\_  
 ROOT PLANING & SCALING    DATE \_\_\_\_\_

SIGNIFICANT MEDICAL PROBLEM:

REMARKS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_