Dr. Ali Tanara, Periodontist

THE Accolade DENTAL CENTRE

Referring DDS: _____ Date: _____

Patient Name: _____ Phone: _____

Email: _____

Referral For: ◯ Comprehensive Periodontal Assessment

Date of Last Hygiene Visit: _____

◯ Soft Tissue Grafting
◯ Pocket Reduction Surgery
◯ Crown Lengthening
◯ Dental Implant
◯ Extraction/ Socket Grafting
◯ Bone Grafting/ Ridge Augmentation
◯ Frenectomy
◯ Other: _____

Area of Evaluation:

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

8 7 6 5 4 3 2 1 | 1 2 3 4 5 6 7 8

Additional Details/Notes About the Case (including medical precautions):

X-Rays: ◯ Mailed ◯ Emailed ◯ With Patient ◯ Take on Arrival

Signature: _____

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