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PRACTICE LIMITED TO PERIODONTICS

PERIODONTICS • DENTAL IMPLANTS • ESTHETIC SURGERY

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INTRODUCING: _____

WORK #: _____ **HOME #:** _____

☐ Patient will call you.

☐ Please call the patient.

**I AM REFERRING
THIS PATIENT FOR:**

(Areas of Concern)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- ☐ Complete Periodontal Eval & Txmt.
- ☐ Dental Implant Consultation # _____
- ☐ Limited Periodontal Eval. & Txmt. # _____
- ☐ Emergency Priority # _____
- ☐ Crown Lengthening # _____
- ☐ Gingival Grafting # _____
- ☐ Orthodontic Exposure # _____
- ☐ Periodontal Esthetic Surgery # _____
- ☐ Frenum Problem # _____
- ☐ Other: _____

PERIODONTAL CARE COMPLETED TO DATE:

- ☐ Root Planing and Scaling UR / UL / LL / LR / ALL Date Done: _____
- ☐ Frequent Periodontal Maintenance Last Recall Date: _____

RADIOGRAPHS: (FMX _____ BWX _____ PA's _____)

- ☐ Are being forwarded to you. ☐ Are accompanying patient. ☐ Are available in our office.
- ☐ If needed, please take films and send them to our office.

TREATMENT DISCUSSION: Please call me: ☐ BEFORE ☐ AFTER your examination.

COMMENTS & SPECIAL CONCERNS:

- ☐ Patient Premedicates
- ☐ Medical Alert

REFERRED BY: _____ **DATE:** _____

TO REORDER MATERIALS: ☐ Referral Slips: ☐ Referral Brochures: ☐ X-Ray Mailing Labels: