

Periodontal/Orthodontic Prescription & Referral Form

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Patient's Name: _____ **Date:** _____

Referred by Dr. _____ Does patient smoke? Yes No

Sig. Med. Hx: _____ Does patient require premedication? Yes No

Are there any time restraints on treatment? _____

Reason patient originally presented for treatment:

Whiter teeth Straighter teeth Defective Restorations Sensitive root surfaces Gingival Asymmetry

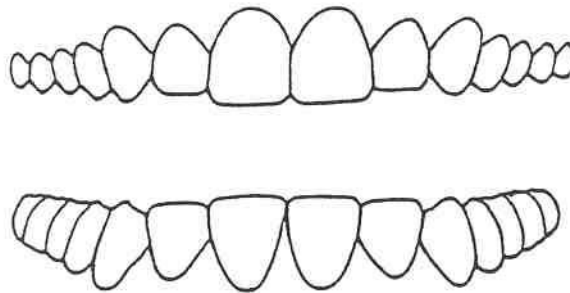
Gummy smile Aberrant Frenum Dental Implants Eliminate Amalgam Tattoo Alveolar Ridge Deficiency

Recession Other: _____

Restorative treatment will include: (list each tooth number after the appropriate treatment modality)

Bleaching _____ Porcelain Veneers _____ Bonded Restorations _____ Porcelain Crowns

_____ Direct Bonded Veneers _____ Fixed Bridges _____



Periodontal Procedures Desired: (List each tooth number after the appropriate treatment modality)

1. Crown Lengthening:

A. Lipline: High Medium Low

B. Are the incisal edges in their final position? Yes No If not, will incisal edge position be established in provisional restoration prior to surgical crown lengthening? Yes No

C. Desired length of: Central incisors _____ Lateral incisors _____ Canines _____

D. Will the tooth be restored following crown lengthening? Yes No Which teeth? _____

E. Is crown lengthening required for esthetic reasons on facial surfaces only? Yes No Or to increase clinical crown length for retention 360° around each tooth? Yes No If yes, which teeth?

F. Will orthodontic repositioning of gingival margins be accomplished? Yes No If yes, which teeth?

_____ Who will provide orthodontic movement? Dr. _____

G. Special Instructions _____

2. Ridge Preservation/Augmentation:

A. Please extract _____ tooth (teeth) and place _____ into extraction socket.

B. Is this procedure performed primarily for esthetic reasons? Yes No

C. What type of provisional is planned? Fixed _____ Removable _____

D. Is an ovate pontic planned? Yes No If yes, who will create the ovate pontic receptor site? Dr. _____.

E. From a restorative viewpoint, which is the most important dimension to recapture? Buccolingual
Apicocoronal Both

F. If the objective of the ridge augmentation is to recapture the apicocoronal dimension, an onlay graft will probably be indicated and a palatal stint with wire clasps that do not impinge on the surgical area will need to be constructed prior to surgery and delivered to our office. Has this been accomplished? Yes No

G. Do you have a preference regarding the donor material for the ridge augmentation? _____.

H. Special instructions _____

3. Soft Tissue Grafts

A. Has the reason for the recession been resolved? Yes No

B. Is the root coverage desired? Yes No To what point on the tooth? _____.

C. Is there bone or soft tissue loss interproximally adjacent to the area requiring the graft? Yes No Note: This may limit the amount of root coverage possible.

D. Will these teeth be restored? Yes No

E. If so, will the restoration be taken subgingivally? Yes No

F. Is the objective of the graft to cover an exposed crown margin on an existing crown? Yes No If yes, on which teeth? _____.

G. If previously restored root surface is to be covered with a graft, what type of restorative margin is present? Chamfer Butt joint Unknown

H. The purpose of the graft is to eliminate the amalgam tattoo in the area of _____.

I. Special instructions _____

4. Correction of an Open Interproximal Space

A. Are the roots parallel? Yes No If not, who will perform orthodontic movement? Dr. _____.

B. Are tooth forms and contact areas correct? Yes No If not, is there a restorative commitment from the patient? Yes No If so, will proper tooth form and contact areas be established in provisional restorations prior to surgery? Yes No

C. Does tooth length need to be altered? Yes No Crown lengthening? Yes No Which teeth? _____
Root coverage grafts? Yes No Which teeth? _____

D. Is there an adequate amount of soft tissue interproximally? Yes No

E. Is orthodontic movement to close naturally occurring or restoratively created diastemas anticipated? Yes No If so, by whom? Dr. _____

F. Special instructions _____

Enclosures: _____

Signature: _____