

Referral to a Periodontist

M.A. Maksoud, D.M.D.

9191 RG Skinner Pkwy., #404
Jacksonville, Florida 32256
(904) 731-4347 • Fax (904) 731-4310
www.jacksonvilleperio.com

This is to introduce _____
NAME
who has an appointment

DAY

TIME

DATE

Periodontal Evaluation

Occlusal Evaluation

Upper

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

Lower

Evaluation of:

Area of teeth in question

- Isolated pocket(s)
- Mucogingival defect
(Gingival graft)
- Furcation involvement
- Root resection
- Crown lengthening
(Fractured tooth, deep margin)
- Prior to restorative
- Implants
- Regeneration
- Ridge augmentation
- Other

Remarks

SIGNED