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Practice Limited to Periodontics • Implant Dentistry

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Periodontal Referral Form

Date: _____

Patient Name: _____

Referred By: _____

Reason For Referral:

- LANAP Laser Treatment
- Complete Periodontal Evaluation and Treatment
- Implant Placement
- 3D Cone Beam Image
- Extraction with Future Implant Site Development (Grafting)
- Crown Lengthening to Expose Fractured/Decayed Teeth
- Gingival Grafting for Augmentation / Root Coverage / Pinhole
- Gingival Contouring for Cosmetics
- Ridge Augmentation for Pontic Site Development
- Frenectomy
- Other Comments: _____

Have you advised the patient of the possibility of extraction of any teeth? No _____
If yes, which tooth number? _____

Is there any restorative dentistry that needs to be completed? _____

Radiographs: _____ Being Mailed _____ Patient Bringing _____ Take New Set

Most Recent Scaling / Root Planing _____

Periodontal Maintenance Responsibility: _____ GP _____ Periodontist _____ Alternate