

# CARY A. SHAPOFF D.D.S

Diplomate, American Board of Periodontology

Practice Limited to Periodontics ◊ Dental Implants

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## PERIODONTAL REFERRAL FORM

Date \_\_\_\_\_

Patient: \_\_\_\_\_

Please Call Patient

Home Phone: \_\_\_\_\_

Patient Will Call

Business Phone: \_\_\_\_\_

### REASON FOR REFERRAL

- General Periodontal Evaluation
- Localized Periodontal Evaluation \_\_\_\_\_
- Crown Lengthening Surgery \_\_\_\_\_
- Dental Implant \_\_\_\_\_
- Consultation or Diagnosis for \_\_\_\_\_
- Other \_\_\_\_\_

Radiographs Available?  No  Yes PA's BW FMX Pan Date \_\_\_\_\_

Restorative Plans:

Special Comments:

\_\_\_\_\_  
Referring Dentist