Tennessee Valley Periodontics, P.C. Referral Form

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7213 Noah Reid Rd.
Ste. 107
Chattanooga, TN 37421
423-893-0557 or 706-280-8866

website: www.tnvalleyperio.com
email: tnvalleyperio@yahoo.com
fax: (423) 893-0765

Referred by: _____ Office Phone: ____ - _____ Date: ____/____/____

Introducing: □ Dr. □ Mr. □ Ms. □ Mrs. _____
(First) (M.I.) (Last)

Phone: (Home) _____ - _____ (Work) _____ - _____ (Cell) _____ - _____ Age: _____

Appointment scheduled for □ **M** □ **Tu** □ **W** □ **Th** □ **F** ____/____/____ @ _____

Patient Referred for an Evaluation Concerning:

____ Periodontal Therapy ___ Limited ___ Full Mouth
____ Cosmetic Gingival Surgery _____
____ Preprosthetic Treatment/Crown Lengthening _____
____ Other _____
____ Mucogingival Surgery _____
____ Osseointegrated Implants _____
____ Periodontal Maintenance

Medical History:
__ Premedication Required
__ Significant Condition
Notes:

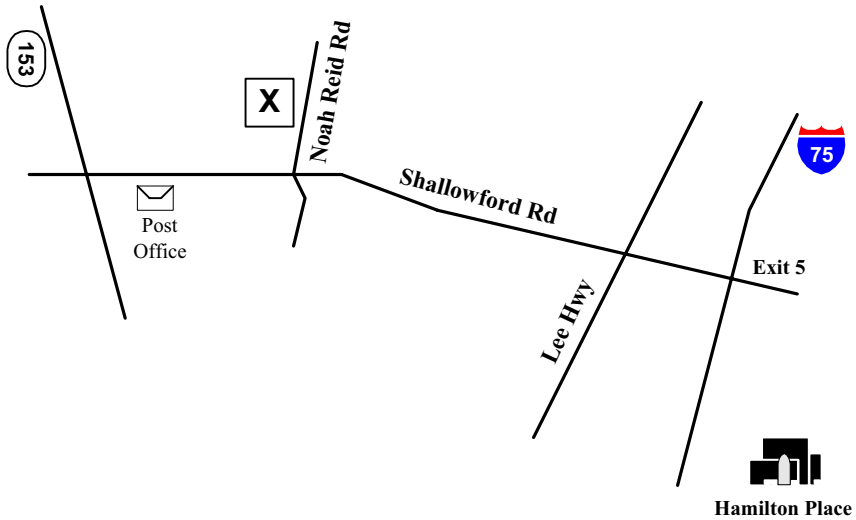
Dental History:
__ New Patient
__ Regular Recall
frequency:
every _____ months
__ Irregular Visits

Radiographs:
Date Recorded:
___/___/___ Pano
___/___/___ FMX
___/___/___ BWs
___/___/___ PAs
__ Mailed
__ Sent with patient
__ Please record prn

___ Call me □ before □ after you see the patient. ___ A detailed letter of findings and recommended therapy will be sufficient.

SEE REVERSE SIDE OF SHEET FOR MAP

7213 Noah Reid Rd
Ste. 107



Door-to-door directions can be obtained at our website, www.tnvalleyperio.com or call our office at (423) 893-0557. We look forward to meeting you.