

John M. Morales, D.D.S.

Practice Limited to Periodontics & Dental Implants
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DATE: _____

PATIENT: _____

TEL#: _____

APPOINTMENT:

- Please call patient for appointment. Pat. Phone#
- Patient will call your office for appointment.

I AM REFERRING THIS PATIENT FOR:

- Complete Periodontal Evaluation & Treatment
- Limited Periodontal Eval. & Txmt.
- Crown Lengthening
- Implant Consultation
- Recession/Grafting
- Ridge Augmentation
- Bone Grafting
- Guided Tissue Regeneration

- Other:

PERIODONTAL TREATMENT COMPLETED IN OUR OFFICE:

- Plaque Control & Oral Hygiene Instruction
- Root Planing and Scaling

RADIOGRAPHS:

- Are being forwarded to you. Are accompanying patient.
- Are available in our office.
- If needed, please take films and send me a set.

CASE PLANNING:

- Please call BEFORE examination. Please call AFTER examination.

The Patient has restorative needs we should discuss. Yes No

COMMENTS:

DOCTOR: _____

Top - To Patient

Middle - Chart

Bottom - Mail