

# Dental Specialists & Implant Center at the Woodlands

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Board Certified Periodontist

## REFERRAL FORM

**FROM Dr.:** \_\_\_\_\_ **Phone & Email:** \_\_\_\_\_

Date: \_\_\_\_\_ Introducing: \_\_\_\_\_

### FOR PROCEDURE AS FOLLOWS:

Full Mouth Exam

Isolated Areas \_\_\_\_\_

Emergency Treatment \_\_\_\_\_

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

### PERIODONTAL HISTORY:

Patient Compliance: Regular \_\_\_\_\_ Sporadic \_\_\_\_\_

Recall Schedule: Every \_\_\_\_\_ months

### PREVIOUS PERIODONTAL THERAPY:

None

Maintenance Only

Scaling, Root Planing

Periodontal Surgery

Implant

Regeneration

### ORAL HYGIENE/PLAQUE CONTROL:

Excellent

Good

Fair

Poor

### SPECIFIC RESTORATIVE PLANS:

\_\_\_\_\_

\_\_\_\_\_

### SPECIAL INSTRUCTIONS (PREMED, ETC.):

\_\_\_\_\_

### RADIOGRAPHS:

Complete series to be mailed before appointment \_\_\_\_\_ 3D Cone beam for diagnosis

Please take them and send me a set \_\_\_\_\_ 3D Cone beam to be mailed before apt.

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