

LILLY ROAD

220 Lilly RD NE STE A · Olympia, WA 98506

Phone: 360.459.4800 · Fax: 360.459.0052

Lillyroad@lightdentalstudios.com

www.lightdentalstudios.com/periodontics

Oral Surgery procedures welcome!



REFERRAL FORM

Patient: _____ Today's Date: _____

Patient Phone# Home: _____ Work/Cell: _____

Referred by Dr.: _____ Phone: _____

Complete periodontal examination.

An FMX dated 2 years ago or less if necessary.

DDS sending FMX Take FMX and send me a copy

Sedation

Muco-gingival problem **Tooth#(s):** _____

Gingival graft Root coverage Frenectomy

Crown lengthening **Tooth#(s):** _____

Osseo-integrated implant **Tooth#(s):** _____

Preferred implant system: _____

Ancillary Implant Therapy **Tooth#(s):** _____

Site development Ridge augmentation

Sinus floor elevation Guided implant surgery

Regenerative Therapy **Tooth#(s):** _____

Pocket elimination procedures **Tooth#(s):** _____

Gingivectomy/gingivoplasty Resective osseous surgery

Impacted Third Molar/Tooth Extraction

Alveoloplasty

Biopsy

Emergency care **Tooth#(s):** _____

Periodontal abscess Acute necrotizing ulcerative gingivitis

Peri-implant Disease

Oroantral Communication

Other: _____

Comments: _____