



ANN MARIE HOFBAUER, DMD

PERIODONTICS & IMPLANTOLOGY

DENTIST REFERRAL

INTRODUCING

Name: _____

Address: _____

Phone: _____

Referred by Dr. _____

Date: _____

FMX, Pano, or Bitewings have been sent

Via: _____ Date: _____

Periodontal examination scheduled for:

Day: _____ Date: _____ Time: _____

Comments: _____

CHIEF CONCERNS

Periodontal Disease

Gingival Hyperplasia

Crown Lengthening - Tooth# _____

Inadequate Zone of Attached

Gingiva area of _____

Root Coverage

Ridge Augmentation

Gummy Smile or Uneven Gumline

Localized Bone Loss in _____

Implant Consultation

Peri-implants

OFFICE LOCATION

