

# Franklin Periodontics

Don D. Franklin, D.D.S., M.S.

1408 Orchard Lake Drive

Charlotte, N.C. 28270

Office (704) 841-2802 / Fax (704) 841-9503

www.franklinperio@gmail.com

## PATIENT REFERRAL

INTRODUCING: \_\_\_\_\_

APPOINTMENT DATE & TIME: \_\_\_\_\_

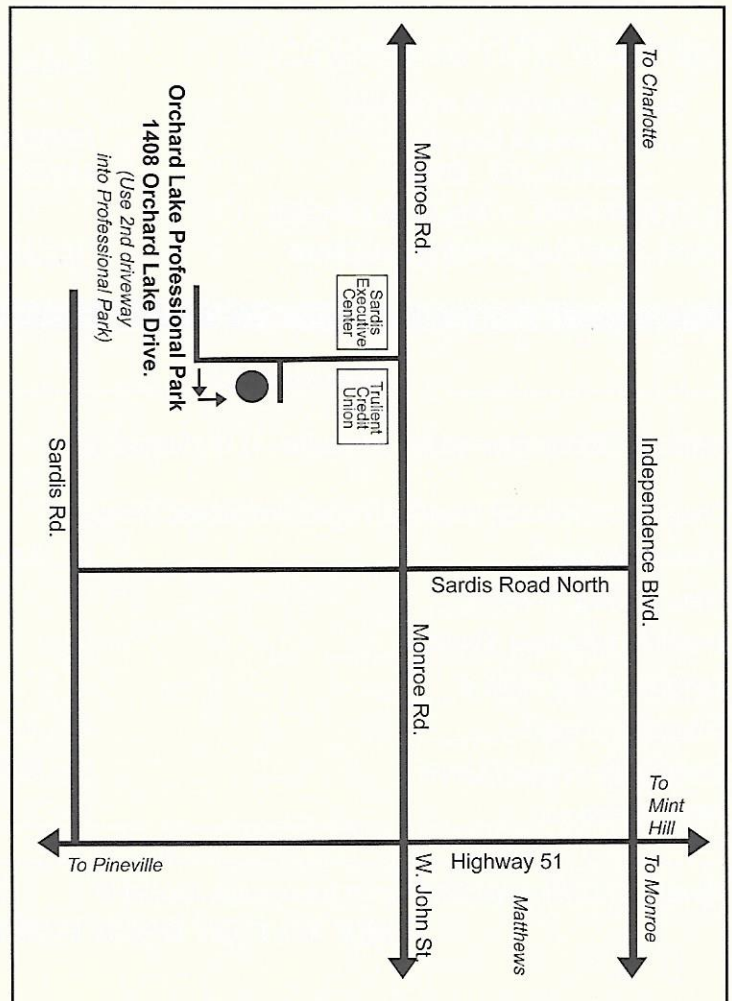
WE ARE IN-NETWORK WITH MANY MAJOR INSURANCE PLANS

Date: \_\_\_\_\_ Referring Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_

This patient is being referred for evaluation of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Complete Periodontal Examination and Periodontal Therapy | <input type="checkbox"/> Examination for Dental Implant Tooth # _____         |
| <input type="checkbox"/> Biopsy area noted _____                                  | ___ Screw retained  |
| <input type="checkbox"/> Bone Grafting Tooth # _____                              | ___ Implant Bridge  |
| <input type="checkbox"/> Crown Lengthening Tooth # _____                          | ___ Implant retained overdenture  |
| <input type="checkbox"/> Exposure, Bond Tooth # _____                             | <input type="checkbox"/> Examination of recession, tissue graft Tooth # _____ |
| <input type="checkbox"/> Extraction Tooth # _____                                 | <input type="checkbox"/> Infection / Abscess Tooth # _____                    |
| <input type="checkbox"/> Frenectomy - Upper / Lower                               |   |
| <input type="checkbox"/> Other/Comments: _____                                    |   |
- Please take Radiograph/No Current Radiograph Available       Radiographs being sent (email to franklinperio@gmail.com)

**SEE MAP ON BACK FOR DIRECTIONS**



ONLINE MAP AVAILABLE ON OUR WEBSITE:

FRANKLINPERIO.COM

Please arrive 15 minutes early to your appointment

Have your dental insurance card available  
when calling to make your appointment

Thank You!

WE LOOK FORWARD TO SEEING YOU!