



PERMADENT

# PermaDent Referral Form

1. INTRODUCING:

PHONE:

\_\_\_\_\_

Please indicate which doctor you are referring to.

- First Available
- MariaElena Rodriguez, DDS
- Linda R. Yang, DDS
- Perry R. Klokkevold, DDS, MS, FACD
- Lindsey Williams, DDS, MS

Please evaluate the following areas in the image:



2. For the following, please indicate the number(s) of the teeth for which each apply.

Dental Implant

Extraction

Ridge Augmentation

\_\_\_\_\_

Peri-implantitis

\_\_\_\_\_

Inflammation

\_\_\_\_\_

Mobility

\_\_\_\_\_

Recession

\_\_\_\_\_

Pockets

\_\_\_\_\_

Bone Loss

\_\_\_\_\_

Crown Lengthening

\_\_\_\_\_

Restorative Planned

\_\_\_\_\_

Frenectomy

3. Restorative Treatment Plan Objectives:

\_\_\_\_\_  
\_\_\_\_\_

4. REFERRING DENTIST:

PHONE:

DATE:

\_\_\_\_\_