



TAMPA BAY

PERIODONTICS AND IMPLANT DENTISTRY

tampaperiodontics.com

Tampa Office

1104 N. Howard Ave., 2nd Floor, Tampa, FL 33607 • (813) 344-GUMS (4867)

Wesley Chapel Office

2370 Bruce B. Downs Blvd., Suite 201, Wesley Chapel, FL 33544 • (813) 415-3454

Brandon Office

Bloomingtondale Exec. Park, 330 E. Bloomingtondale Ave., Brandon, FL 33511 • (813) 774-6133

James G. Wilson, DMD | Matthew T. Waite, DDS, MS | Kailand C. Cosgrove, DMD, MS | Alex F. Podaru, DMD, MS | Elsy D. Orellana DMD, MSD

Please FAX to (813) 902-6185 and Give Referral Form to Patient

Patient Information

Name: Mr./Ms./Mrs./Dr. _____

Telephone: () _____

E-Mail: _____

Referring Office PLEASE CONTACT ME BEFORE SEEING PATIENT

Doctor: _____ Hygienist: _____

E-Mail: _____ Phone: _____

Areas of Concern

- Single Tooth _____
- Multiple Teeth _____
- Full Arch _____

- Crown Lengthening
 - Esthetic Crown Lengthening
 - Functional Crown Lengthening
- Dental Implants
- Extraction/Graft
- Frenectomy
- Guided Tissue Regeneration
- IV Sedation
- Periodontal Disease
- Recession Treatment
- Ridge Augmentation
- Sinus Augmentation
- Tooth Exposure
- Wilckodontics
- Wisdom Teeth Removal

Restorative Plans

1. _____
2. _____
3. _____
4. _____

Pre-Treatment Information

Please email all digital radiographs to info@tampaperiodontics.com

- | | | |
|--|-------------------------------|--------------------------------|
| <input type="checkbox"/> CBCT Scan | <input type="checkbox"/> PAs | <input type="checkbox"/> Mail |
| <input type="checkbox"/> Sending Radiographs | <input type="checkbox"/> BWX | <input type="checkbox"/> Email |
| <input type="checkbox"/> FMX | <input type="checkbox"/> PANO | |

Periodontal Treatment Completed in Your Office

- Debridement
- Scaling & Root Planing
- Periodontal Maintenance

Notes

Appointment

Date _____ Location _____

Time _____

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