Phillip Garrett, DDS, MS
Diplomate | American Board of Periodontology
(623) 572-7505

Patient Name _____ Phone Number _____

Reason For Referral

- ☐ Complete Periodontal Evaluation
- ☐ Local Periodontal Consultation
- ☐ Crown Lengthening | Functional
- ☐ Crown Lengthening | Aesthetic
- ☐ Implant Evaluation
- ☐ Extraction | Ridge Preservation
- ☐ Sinus Graft
- ☐ Ridge Augmentation
- ☐ Mucogingival | Gingival Recession
- ☐ Surgical | Restorative Plan

_____

_____

_____

			A	B	C	D	E	F	G	H	I	J			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
			T	S	R	Q	P	O	N	M	L	K			

Radiographs

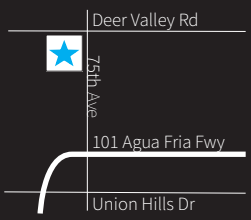
- ☐ Please take FMX
- ☐ I am sending FMX

Appointment Information

- ☐ Call to make appointment
- ☐ Wait for patient to call you
- ☐ Notify if not scheduled by_____
- ☐ Call me prior to seeing the patient

Office Information

Doctor Office Phone



PRINT FORM

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