



**WILLIAM R. ALLEN, D.D.S., M.S., FAGD**  
*Practice Limited to Periodontics*

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PATIENT REFERRAL INFORMATION

PATIENT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ PATIENT WILL CALL \_\_\_\_\_ PLEASE CALL PATIENT \_\_\_\_\_

THE SUBJECT PATIENT HAS BEEN REFERRED TO YOUR OFFICE FOR THE FOLLOWING:

\_\_\_ COMPLETE PERIODONTAL EVALUATION

\_\_\_ LOCALIZED PERIODONTAL EVALUATION # \_\_\_\_\_

\_\_\_ TISSUE GRAFTS # \_\_\_\_\_

\_\_\_ IMPLANT CONSULTATION (Please send PANOREX, if available)  
 Desired areas of placement and restorative planned \_\_\_\_\_

\_\_\_ OTHER TREATMENT \_\_\_\_\_

\_\_\_ PROCEED WITH TREATMENT INDICATED AFTER CONSULTATION WITH PATIENT.

\_\_\_ CONSULT WITH ME BEFORE PROCEEDING WITH CONSULTATION/TREATMENT.

\_\_\_ AVAILABLE X-RAYS ARE ENCLOSED\*\* \_\_\_\_\_ NO CURRENT X-RAYS AVAILABLE\*\*

\_\_\_ PLEASE TAKE FULL MOUTH PERIAPICALS AND FORWARD SET TO US

**\*\*Full mouth periapicals are needed for generalized periodontal evaluation (don't send B/W only). Panorex is needed for implant evaluation but is inadequate for periodontal diagnosis. X-rays not required for tissue grafts, frenectomy, etc.**

ADDITIONAL COMMENTS: \_\_\_\_\_

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

REFERRED BY: \_\_\_\_\_

Please keep yellow copy for your records as proof of diagnosis/referral.