PROGRESSIVE PERIO
& ASSOCIATES

Crystal Chun, DMD, MS

Board Certified in Periodontology and Dental Implant Surgery

Date:_____

Patient Name:_____ Age:_____

Home Phone #:_____ Cell Phone #:_____

Referring Doctor:_____

Doctor's Phone #:_____

Doctor's Email:_____

REASON FOR REFERRAL:

☐ Implant(s)_____ ☐ All-on-X_____

☐ Comprehensive Periodontal Evaluation_____

☐ Extraction_____ ☐ With Socket Preservation

☐ Aesthetic Crown Lengthening_____

☐ Crown Lengthening _____

☐ Graft(s) for Root Coverage #_____

☐ Guided Tissue Regeneration #_____

☐ Ridge Augmentation_____

☐ Scaling, Root Planing_____

☐ Frenectomy ☐ Max Midline ☐ Lingual

☐ Biopsy_____

☐ Emergency Issues_____

REMARKS OR SPECIAL INSTRUCTIONS:

RADIOGRAPHS: ☐ I will send x-rays ☐ Take x-rays ☐ CBCT

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