

To: DR. MARC GORDON
PERIODONTIST
• **Implant Dentistry**
• **Enteral Sedation**
•• NJ Specialty Permit #3592
•• NJ Enteral Sedation Permit #078

From: DR. _____
Tel: _____

Date: _____

Patient: _____
Include address _____
And Tel. Numbers _____

- West Ridge, Bldg. C
1 Industrial Way West
Eatontown, NJ 07712
Tel: 732-389-3400
Fax: 732-389-4889
- Lakewood Plaza
1700 Madison Lakewood, NJ 08701
Tel: 732-364-2025
Fax: 732-364-1213
- Raymond Weil Bldg. 12th Floor
635 Madison Ave.
New York, NY 10022
Tel: 212-371-4575
Fax: 212-308-5182

Please duplicate for your records
and mail or fax the original to my
office

Dear Marc,

I am referring the above patient to you for assessment and treatment. Please perform a general periodontal assessment with specific focus on:

Restorative/ Prosthetic Needs: **Have** **Have not been discussed**

Patient of Record Since: _____

Pattern of Care: **Regular** **Sporadic**

Cleaning Interval: **3 mo.** **6 mo.** **12 mo.** **Sporadic**

Plaque Control: **Good** **Fair** **Poor**

Previous Periodontal Tx. **None** **Sc/Rp** _____ **Surgery**

Month Year

Patient's Concerns / Fears

Radiographs Available: **Date of Last Full Radiographic Series** _____

I will be sending you the radiographs

I wish to discuss the patient's case with you **Prior to** **After the Periodontal Consultation**

Sincerely,

Dentist's Signature