



*Progressive Periodontics &  
Implant Dentistry*

MARC E. GORDON D.M.D.

Date:

Referring Doctor Name and Email Address: \_\_\_\_\_

Patient Name and Telephone Number: \_\_\_\_\_

Dear Dr. Gordon,

I am referring the above patient to you for consultation and treatment with a specific focus on:

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

Patient's Concerns / Fears: \_\_\_\_\_

Patient of Record Since: \_\_\_\_\_

Radiographs Available: Latest Date and Type of Radiographs: \_\_\_\_\_

I will be sending radiographs  via email  Regular Mail  Patient bringing to appointment

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 Dates:  Surgery Dates:

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

Sincerely,

\_\_\_\_\_  
Dentist's Signature

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