



SOUTHERN WYOMING PERIODONTICS

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Referring Doctor: _____ Date: _____

Patient Name: _____ Pt Phone #: _____

A comprehensive periodontal examination is done on most patients referred for the following (this may include FMX radiographs):

☐ Periodontal condition/Periodontitis/Deep pocket depths: # _____

☐ Gingival recession and/or Lack of attached gingiva: # _____

☐ Extractions with ridge preservation: # _____

☐ Dental Implants: # _____

☐ Including (if applicable): Ridge augmentation, Sinus augmentation: # _____

☐ Peri-Implant Defects (Mucositis/Bone loss/Peri-Implantitis) # _____

A limited periodontal examination is done on most patients referred for the following:

☐ Crown Lengthening: # _____

☐ Oral Pathology/Biopsy: Area: _____

☐ Emergency: Area: _____

☐ Other (Please describe below in comments section)

Comments: _____

Current Radiographs Available: ☐ FMX (18-20 films) ☐ HBWX ☐ VBWX ☐ Pano

☐ CBCT Scan ☐ Patient carry ☐ Will send electronically

