



INTERBAY DENTAL SPECIALISTS

Collaborating With You. Creating Excellence.

This is a referral for:

ENDODONTICS
M. Albert Kuo, DDS

PERIODONTICS & IMPLANTS
Sofia D. Petrov, DDS, MSD

Same-day Emergency Available
Microscope in Office
3D Cone Beam CT Scan
Digital X-Rays

Patient name _____

Patient phone _____

Referred by _____

Phone _____

Appointment date _____

Time _____

Please call me about this patient

Molars			Bicuspid		Anterior						Bicuspid		Molars		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	32	29	28	27	26	25	24	23	22	21	20	19	18	17

Endodontics	History
<input type="checkbox"/> Consult only	<input type="checkbox"/> Acute symptoms (pain, sensitivity, swelling)
<input type="checkbox"/> Root canal	<input type="checkbox"/> Pulp exposure
<input type="checkbox"/> Retx	<input type="checkbox"/> Tooth has been previously opened
<input type="checkbox"/> Consult & Treatment	
<input type="checkbox"/> Apical surgery	
<input type="checkbox"/> Other	

Periodontics
<input type="checkbox"/> Comprehensive exam
<input type="checkbox"/> Limited consult
<input type="checkbox"/> Osseous surgery
<input type="checkbox"/> Bone graft
<input type="checkbox"/> Recession/Gingival graft
<input type="checkbox"/> Gingivectomy
<input type="checkbox"/> Biopsy
<input type="checkbox"/> Crown lightening
<input type="checkbox"/> Impacted tooth exposure
<input type="checkbox"/> Extraction
<input type="checkbox"/> Other: _____

Implants		
<input type="checkbox"/> Consult	<input type="checkbox"/> Ridge augmentation	<input type="checkbox"/> Dental implant
<input type="checkbox"/> Immediate implant	<input type="checkbox"/> Extraction/Socket augmentation	<input type="checkbox"/> Sinus elevation
<input type="checkbox"/> Surgical guides provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Instructions: _____

Comments

