



**EASTSIDE**  
 PERIODONTICS | IMPLANTS

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 Diplomate, American Board of Periodontology

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 Diplomate, American Board of Periodontology

Introducing: \_\_\_\_\_ Referred By: \_\_\_\_\_

Patients's Phone#: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

**RADIOGRAPHS**

Date of Most Recent FMX/Pano: \_\_\_\_\_

- Films Mailed  Films with Patient  Please Take Films
- Radiographs e-mailed to gresham@eastside-perio.com
- Radiographs e-mailed to portland@eastside-perio.com

**RESTORATIVE TREATMENT**

- Is Planned  Will Be Planned After Periodontal Evaluation
- Is Not Indicated

**PERIODONTAL TREATMENT COMPLETED**

Date Completed: \_\_\_\_\_

- Full Mouth Debridement
- Scaling and Root Planing

**PLEASE EVALUATE FOR:**

- Complete Periodontal Evaluation and Treatment
- Limited Periodontal Evaluation and Treatment

Areas of Involvement: \_\_\_\_\_

- Implant Evaluation and Treatment

Areas of Involvement: \_\_\_\_\_

**COMMENTS:**

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

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Select Location**

**Gresham**  
 742 NE Division, Ste 102  
 Gresham, OR 97030  
 503-667-2442

**Portland**  
 2824 NE Wasco, Ste 230  
 Portland, OR 97232  
 503-954-1372

Please fax or email a copy of your referral to:

Gresham (503) 669-8876 gresham@eastside-perio.com Portland (503) 954-1392 portland@eastside-perio.com