



Gregory S. Shanbour, D.D.S.

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Patient Referral

Patient name _____

Referring doctor _____

Appointment time _____

Day _____ Date _____

Comprehensive Periodontal Examination

Radiographs taken

- None
- FMX Date taken _____
- Panoramic Date taken _____
- Ct-scan Date taken _____

Periodontal Consultation

- Biopsy
- Sinus lift
- Frenectomy Maxillary / Mandibular *circle one*
- Fibrotomy Maxillary / Mandibular *circle one* Tooth Number _____
- Soft tissue grafting Tooth Number _____
- Crown lengthening Tooth Number _____
- Ridge / Socket Augmentation Tooth Number _____
- Implant Tooth Number _____
- Other Tooth Number _____

Comments
