



Contemporary Periodontics & Implant Dentistry

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- Gregory Langston, D.M.D., M.S.D.**
Diplomate, American Board of Periodontology
- Gordon A. Norton, D.D.S., M.S.D.**
Periodontics
- either/first available**

FAX REFERRAL FAX TO 578-8500 NO COVER SHEET REQUIRED

Date: _____

Introducing: _____

Home Phone _____ Work Phone _____ Cell Phone _____

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	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Please evaluate for:

- Dental Implants
- Bone Loss
- Diagnosis/TX Plan
- Crown Lengthening
- Mucogingival Defect
- Other _____

Remarks/Instructions: _____

- FMX dated _____
- PA of _____ dated _____
- Will be mailed _____
- Panoramic dated _____
- Take new FMX PA # _____ Panoramic
- Sent with patient

Referred by Dr.: _____

My Treatment Plan includes: _____

Appointment: Date: _____ Time: _____ a.m. p.m.