



**Advanced  
Periodontal Center**  
Wellness through Oral Health

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Practice Limited to Periodontics  
www.periodayton.com

**Referral Date:** \_\_\_\_\_

**Appointment Date:** \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

**Referred By:** \_\_\_\_\_

**Evaluations:**

Complete Periodontal Exam and Treatment (Please circle specific concerns, if any)

Diabetes, Hypertension, Heart Disease, COPD, Stroke, Pre or Pregnancy, Pre-Ortho

Emergency or Limited Exam: \_\_\_\_\_

**For procedure as follows:**

Pocket Depth Reduction

Laser Assisted New Attachment Procedure (LANAP)

Conventional Osseous Surgery

Clinical Crown Lengthening

Tooth number(s): \_\_\_\_\_

Visible crown (margin) wanted: \_\_\_\_\_ mm Surface: M D B L

Anterior Esthetic Crown Lengthening (please share restorative plan, if any)

Gingival Graft (to Increase Keratinized Tissue) Area(s): \_\_\_\_\_

Gingival Graft for Root Coverage Tooth number(s): \_\_\_\_\_

Soft Tissue Biopsy Area(s): \_\_\_\_\_

Frenectomy Area: \_\_\_\_\_

Other: \_\_\_\_\_

**Comments and/or restorative plans:**

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**Radiographs:**

Complete Series sent

Partial X-Rays sent

Please take complete series