

St Tammany Periodontics & Implants, LLC

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Covington, LA 70433

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Patient being referred: _____

| | |
|--|----------------|
| <input type="checkbox"/> Generalized periodontal problem | |
| <input type="checkbox"/> Localized periodontal problem | Teeth #: _____ |
| <input type="checkbox"/> Implant(s) <i>(or future Implant)</i> | Area of: _____ |
| <input type="checkbox"/> Ridge Augmentation | Area of: _____ |
| <input type="checkbox"/> Recession or Lack of KG | Teeth #: _____ |
| <input type="checkbox"/> Crown-lengthening | Teeth #: _____ |
| <input type="checkbox"/> Pre-prosthetic surgery | Area of: _____ |
| <input type="checkbox"/> Biopsy | Area of: _____ |

Radiographs: will be sent to you given to patient please take own radiographs

Restorative treatment: planned completed pending

Additional instructions:

From Dr. _____ Telephone _____ Date _____