



## Daniel J. Thousand, DDS, MSD

### Excellence in Dental Implants & Periodontics

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

#### This is to Introduce

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

Patient's Telephone: \_\_\_\_\_

Patient's Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Telephone: \_\_\_\_\_

Appointment Date \_\_\_\_\_

Please call patient to schedule appointment       Patient will call to schedule

Is antibiotic premedication needed?     Yes     No

Reason for referral:     Implant Evaluation \_\_\_\_\_  
                           Complete Perio. Exam \_\_\_\_\_  
                           Limited Perio. Exam \_\_\_\_\_  
                           Recession \_\_\_\_\_  
                           Crown Lengthening \_\_\_\_\_  
                           Esthetic Procedure \_\_\_\_\_  
                           Other \_\_\_\_\_

Please indicate particular areas of concern, restoration plan, implant or esthetic areas, etc.

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**Radiographs:**     Please take & send copy

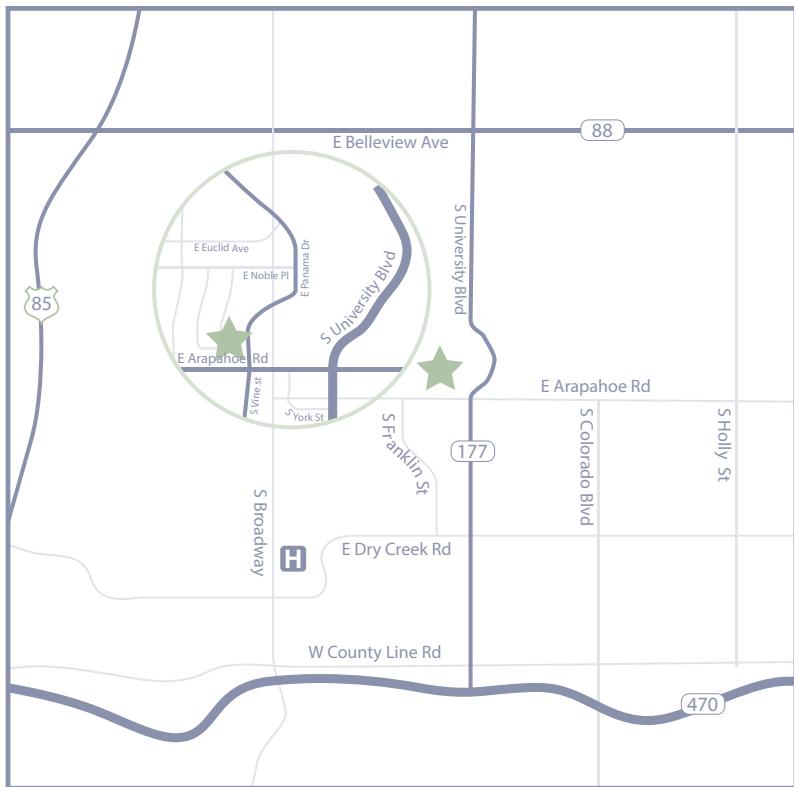
**Films Available:**     Full mouth     Limited     Panoramic

**Being Sent:**     By mail     By Email     With patient

**Please call me:**     Before Seeing Patient     After Seeing Patient

*Please detach and give top copy to patient.*

*Please email referral to [littleton@theperiodocs.com](mailto:littleton@theperiodocs.com).*



Periodontal Associates  
The Dental Implant Team  
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