



PRESCOTT PERIODONTICS & IMPLANT DENTISTRY, PLLC

RICHARD C. JIRSA, DDS, MS
TODD W. WALKER, DMD, MS
KIP T. KATSEANES, DMD, MSD

REFERRAL INTRODUCING

PATIENT NAME: _____

PATIENT PHONE: _____

PATIENT EMAIL: _____

- Appoint patient with: First Available Dr. Jirsa Dr. Walker Dr. Katseanes
 Patient will contact Prescott Periodontics to schedule
 Prescott Periodontics to contact patient to schedule

FOR THE FOLLOWING:

- Comprehensive Periodontal Exam Laser Periodontal Treatment
 Limited Oral Evaluation Mucogingival Problem
 Dental Implant Evaluation Crown Lengthening
 Other: _____

Patient Interested In: Oral Sedation IV Sedation Nitrous

RADIOGRAPHS NEEDED: Please take any x-rays needed for your diagnosis / treatment

RADIOGRAPHS AVAILABLE: FMX BW PANO CBCT
 To be e-mailed will mail prior to appointment patient will bring to appointment

PLANNED RESTORATIVE TREATMENT: _____

SUPPORTIVE PERIODONTAL THERAPY: Alternating Referring office only

ANTIBIOTIC PROPHYLAXIS NEEDED: Yes No

PLEASE CONTACT ME PRIOR TO EXAMINATION: Yes No

REFERRED BY: _____ DATE: _____

DENTAL OFFICE: _____