



DR. ERIC ANDERSON | DR. POTA RAKES | DR. MABEL SALAS
 20971 E. Smoky Hill Rd. Suite 202, Centennial, CO 80015
 T 303.400.1100 perioaurora@gmail.com
 F 303.400.4422 perioaurora.com

Patient Name _____ Date _____

Patient Phone Number _____

Referring Doctor _____ Hygienist _____

Appointment Status: Date _____ Time _____ Or patient will call to schedule

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Reason for Referral

- Generalized Periodontal Disease
- Localized Periodontal Disease # _____
- Implants # _____
- Gingival Recession # _____
- Crown Lengthening # _____
- Tooth Uncovery # _____
- Frenectomy: Max Mand # _____
- Extractions # _____
- Biopsy/Oral Lesion: Area _____
- Other _____

Periodontal Treatment Completed in Your Office

- Scaling/Root Planing date: _____
- Perio Maintenance date: _____

Please send recent radiographs. An FMX would be appreciated if you have one.

Comments _____

