



Richard Longbottom BDS MS

periodontist

Referral for treatment

Introducing :

Referred By :

Date : / /

Date of Birth : _____

ACC : please tick ✓ YES NO

Address : _____

ACC Number : _____

Phone : (hm) _____

Significant Medical History : _____

(wk) _____

(mob) _____

Area of Treatment : please circle

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Services required : please tick ✓

- | | | |
|--|---|--|
| <input type="checkbox"/> Complete Periodontal Exam & Treatment | <input type="checkbox"/> Ridge Augmentation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Exam & Treatment of Area(s) Noted | <input type="checkbox"/> Perioscopy | RADIOGRAPHS |
| <input type="checkbox"/> Evaluate for Tissue Graft | <input type="checkbox"/> Orthodontic Related Treatment | <input type="checkbox"/> Please Take Radiographs – |
| <input type="checkbox"/> Crown Lengthening of Area(s) Noted | <input type="checkbox"/> Pre-orthodontic Periodontal Evaluation | No Current Radiographs Available |
| <input type="checkbox"/> Evaluate for Dental Implants | <input type="checkbox"/> Tooth Exposure | <input type="checkbox"/> Radiographs Being Sent |
| <input type="checkbox"/> Periodontal Plastic Procedures | <input type="checkbox"/> Circumferential Fibrotomy | <input type="checkbox"/> Please Return |
| <input type="checkbox"/> Anterior Aesthetic Surgery | <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Keep for Your Records |

Preferred choice of implant system : please tick ✓

- Straumann
 Astra
 Biomet 3i
 Nobel Biocare
 No Preference

Where to find us :

Notes :

Corner of Greenlane Road East & Peach Parade



31 Peach Parade, Remuera, Auckland
Ph 64 9 524 2855 **Fx** 64 9 524 2854

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