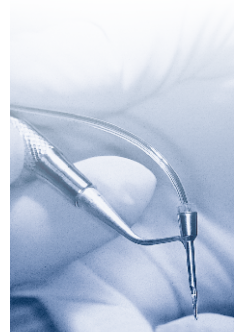




**Richard Longbottom** BDS (NZ) MS (USA) FITI  
Periodontist



# Referral for treatment

**Introducing :**

**Referred By :**

**Date :** / /

Date of Birth : \_\_\_\_\_

ACC : please tick ✓ YES  NO

Address : \_\_\_\_\_

ACC Number : \_\_\_\_\_

\_\_\_\_\_

Significant Medical History :

Phone : (hm) \_\_\_\_\_

(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="radio"/> Complete Periodontal Exam & Treatment | <input type="radio"/> Perioscopy                                | <input type="radio"/> Other _____   |
| <input type="radio"/> Exam & Treatment of Area(s) Noted     |   |   |
| <input type="radio"/> Evaluate for Tissue Graft             | <input type="radio"/> Orthodontic Related Treatment             | <b>RADIOGRAPHS</b>  |
| <input type="radio"/> Crown Lengthening of Area(s) Noted    | <input type="checkbox"/> Pre-orthodontic Periodontal Evaluation | <input type="radio"/> Please Take Radiographs –<br>No Current Radiographs Available |
| <input type="radio"/> Evaluate for Dental Implants          | <input type="checkbox"/> Tooth Exposure                         | <input type="radio"/> Radiographs Being Sent  |
| <input type="radio"/> 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                                      |
| <input type="checkbox"/> Ridge Augmentation                 |   |   |

**Preferred choice of implant system :** please tick ✓

- Straumann   
  Astra   
  Other   
  No Preference

**Where to find us :**

**Notes :**

**Corner of Greenlane Road East & Peach Parade**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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