Woodyard Periodontics, PC
Excellence in Periodontics and Dental Implants
812-473-4833 • 800-257-5756 • Fax: 812-473-4842 • www.woodyardperio.com
4886 Rosebud Lane • Newburgh, IN 47630

DATE _____

PATIENT NAME _____

PATIENT'S ADDRESS _____

_____

TELEPHONE HOME _____

OFFICE _____

CELL _____

EMAIL _____

REFERRED BY DR. _____

WOODYARD PERIODONTICS
OFFICE USE ONLY

Date/Time of Appt. __/__/__ - ___:___
Received Radiographs __/__/__
Patient Insurance Information:

_____

_____

Dr. W Spoke to RD? Y___ N___

Notes:_____

_____

_____

_____

_____

_____

_____

_____

□ Dr □ Other _____ is the contact person writing this referral
□ Patient is new to my practice □ Patient of record, _____ years
□ Referring Dr. would like for Dr. Woodyard to call our office prior to the patient's appointment
□Yes □ No The patient needs antibiotic pre-medication? Why?_____

Appointment: □ Date: ___/___/___ Time: ___:___ □ Call Patient to Schedule

REFERRED FOR:

□ Periodontal Evaluation
When did you first recommend he/she see a periodontist?_____
□Yes □ No Has a periodontal exam (probing) been done in the last year?
□Yes □ No Has the patient had scaling and root planing (CDT code D4341 or D4342) within the last 2 years?
What recall cycle has the patient been on? Every ____ months. Date of last maintenance recall __/ __/ __

□ Dental Implant(s) - Tooth # (s) _____□ Immediate provisional fabricated at time of placement if possible
□ Tooth Removal and Socket Preservation Tooth # (s) _____
□ Crown Lengthening Tooth # (s) _____
□ Soft Tissue Graft Tooth # (s) _____
□ Frenectomy Area _____
□ Other _____

DIAGNOSTIC RADIOGRAPHS (Please indicate if current images are available)

□ No Current Films available □ Complete series __/__/__ □ Panoramic__/__/__
□ Bitewings __/__/__ □ PA -tooth #(s)_____ __/__/__
□ Being mailed and will arrive prior to appointment □ Sent with patient □ Please take as needed at our office □ Sent Electronically

OTHER INFORMATION THAT WILL IMPACT OUR TREATMENT (e.g. planned restorative work, patient needs or concerns, etc.)

_____

_____

_____

_____

_____

_____