Sugar Land Periodontics & Implant Dentistry

Saving Smiles & Enhancing Lives

15200 Southwest Freeway Suite 120 Sugar Land, TX 77478 | P: (281) 494-2477 | F: (281) 494-2487 | E-mail: frontdesk@sugarlandperio.com

Dr. Hiru Mathur, DDS, MS

Referral Fax Form

No Cover Sheet Required

Dear Doctor,
Thank you for the referral of your patients. The following is to facilitate your patient's treatment and get them back to you as soon as possible for further care. Following all consultations, a report will be faxed to you for your records.

Date: _____

Referring Doctor: _____

Referring Dr. Phone: _____ E-Mail: _____

Patient Name: _____ Insurance: ☐Yes ☐No Insurance Name: _____

Insurance Phone: _____ Member ID: _____ Group Number: _____ Policy Holder: _____

Best number to call patient and time:
Home: _____ Work: _____ Cell: _____

Medical History: _____

Last exam: _____ X-rays: _____ Benefit Used: _____

Patient being referred for: _____

Instructions for specialist: _____

- ☐ Perio Eval #_____
- ☐ Scaling and RP_____
- ☐ Osseous Surgery #_____
- ☐ Bone Graft #_____
- ☐ Ridge Augmentation #_____
- ☐ Crown Lengthening #_____
- ☐ Recession #_____
- ☐ Other_____
- ☐ Is it okay to do post-surgical recall? ☐ Yes ☐ No
- ☐ Implant Placement # _____
- ☐ Implant Repair #_____
- ☐ Root Augmentation #_____
- ☐ Soft Tissue Graft #_____
- ☐ Frenectomy #_____
- ☐ Distal/Mesial Wedge_____
- ☐ Gingivectomy_____
- ☐ Would you like for the doctor to perform a comprehensive periodontal exam? ☐Yes ☐No

Next Step:
- ☐ Return to our office in ____ weeks
- ☐ Wait for recommendation from specialist

Additional Information for specialist: _____
_____

Radiographs: Please e-mail Panoramic and/or Periapical X-rays to frontdesk@sugarlandperio.com. If your office does not have e-mail access, please have patient bring the panoramic and/or Periapical X-rays to our office.

Previous Periodontal Therapy:
- ☐ None
- ☐ Prophylaxis Only
- ☐ Scaling/Root Planning
- ☐ Antimicrobial therapy
- ☐ Surgery

Please…
- ☐ Alternate recall appointments
- ☐ Call me *before* seeing patient
- ☐ Notify me by letter after appointment
- ☐ Do all recalls
- ☐ Call me *after* seeing patient

Most importantly, so we can reinforce it, what is your treatment plan for the patient after our therapy is complete?

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