ContemporaryPerio.com
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CONTEMPORARY PERIODONTICS & IMPLANT DENTISTRY

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JANELLE K. AGUIRRE, D.M.D., M.S.

Please E-MAIL to xrays@contemporaryperio.com
or FAX to: 727-578-8500 and give referral form to patient

Refer to Doctor: ❑ Dr. Michael R. Tesmer ❑ Dr. Gregory G. Langston ❑ Dr. Janelle K. Aguirre

Referring Doctor: _____ **Date:** _____

Patient Information

Name: Mr./Ms./Mrs./Dr. _____

Telephone ( ) _____ **Email:** _____

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

❑ Periodontal Disease _____ ❑ Extraction/Graft _____ ❑ Guided Tissue Regeneration
❑ Recession Treatment _____ ❑ Dental Implants _____ ❑ Tooth Exposure
❑ Crown Lengthening _____ ❑ Sinus Augmentation ❑ Frenectomy
❑ Pre Orthodontic Periodontal Augmentation ❑ Ridge Augmentation ❑ 3D Scan
❑ Full Arch Implant Restoration / Hybrid

Remarks/Instructions: _____

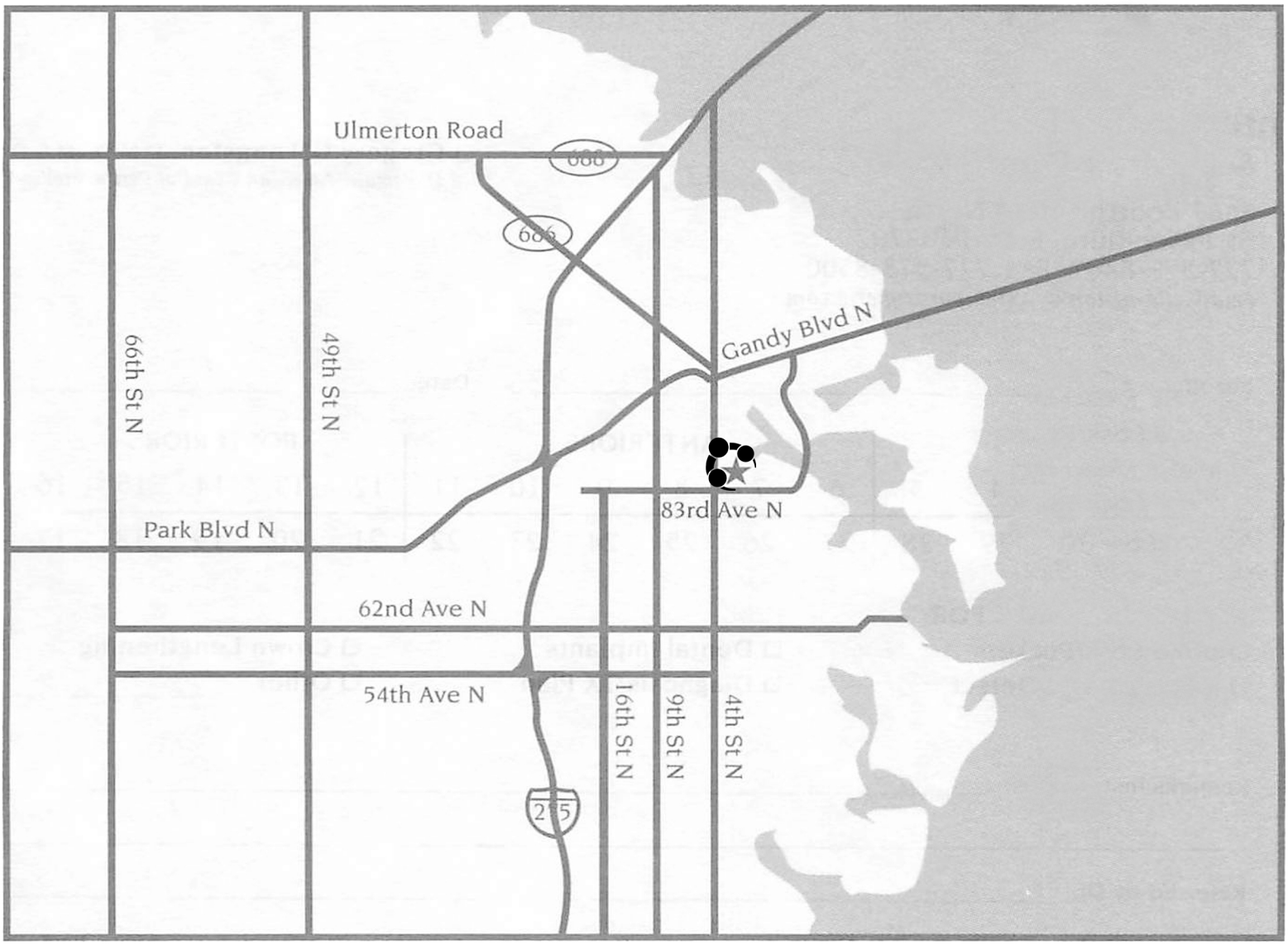
Please email all digital radiographs and this referral to xrays@contemporaryperio.com

❑ Will be e-mailed / mailed ❑ Sent with patient

❑ FMX _____ (Date) ❑ Panoramic / CBCT _____ (Date)
❑ PA/BW _____ (Date) ❑ Take new FMX PA Panoramic / CBCT

My Treatment Plan Includes: _____

Appointment: Day _____ Date _____ Time _____



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