

Satya R. Molleti, BDS, MS

Diplomate, American Board of Periodontology

Phone: 952.926.3128 Fax: 651.212.2577

www.thedentalspecialists.com

40 Nicollet Blvd W, Burnsville, MN 55337

Date _____

Patient Name _____

Phone _____

I am referring my patient to you for a periodontal evaluation of the following (marked) areas:

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

Remarks: _____

Restorative/prosthetic treatment contemplated: _____

Full mouth x-rays will be sent: To the practice With patient

Appointment Date _____ Time _____

Referring Doctor _____

Referring Practice _____

Email _____

Phone _____

Fax _____

