TEXAS A&M
Dentistry

Graduate Periodontics Referral Form

Please send the referral form to: **Email:** gradperioreferrals@tamu.edu | **Fax:** 214-874-4552

Provider Name: _____ **Office #:** _____

Name of Practice: _____

Email: _____ **Fax:** _____

Patient Information

Patient's Name: _____ **DOB:** _____

Mailing Address: _____
Street **City** **State** **Zip**

If child, name of parent or guardian: _____

Email: _____ **Phone:** _____

Please check **all** the boxes that apply:

☐ Graduate Periodontics Clinic

Requested treatments:

- ☐ Pocket depths 6mm or greater
- ☐ Scaling and root planing (deep cleaning)
- ☐ Crown lengthening
- ☐ Recession (gum grafting)
- ☐ Gummy smile treatment
- ☐ Extractions
- ☐ Implant placement
- ☐ Sinus lift / bone grafting
- ☐ Peri-implantitis
- ☐ Tooth exposure for orthodontic treatment
- ☐ Other: _____

Areas of concern:

- ☐ Quadrant: UR / UL / LL / LR
- ☐ Tooth number: _____
- ☐ Other: _____

Does the patient intend to continue restorative treatment in your office?

☐ Yes ☐ No

☐ Stomatology Clinic

Requested services:

- ☐ Diagnostic service
- ☐ Treatment

Conditions:

- ☐ Lumps and bumps
- ☐ Premalignant / oral cancer
- ☐ Lichen Planus, Pemphigoid, Pemphigus
- ☐ Candidal infections
- ☐ Dry and / or burning mouth
- ☐ Taste disturbances
- ☐ Oral allergies
- ☐ Other: _____

Provisional diagnosis: _____

Areas of concern:

- ☐ Tongue
- ☐ Buccal / labial mucosa
- ☐ Gingiva
- ☐ Palate
- ☐ Other: _____

Other comments, significant medical history (pre-med, etc.): _____

_____

☐ **Sending Attachments**
All clinical records including radiographs must be emailed directly to **COD-Records@tamu.edu**

Department of Periodontics | 3000 Gaston Avenue, Dallas, Texas 75246
Graduate Periodontics Clinic 214-828-8146 Stomatology Clinic 214-828-8901