



ASHEVILLE PERIODONTICS
& IMPLANT DENTISTRY
Susanna M. Goggin, D.M.D., P.A.
healthy.beautiful.smiles



REFERRAL INFORMATION

Introducing _____ DOB _____

Patient Contact Number _____

Email _____

Referred by _____ Date _____

Restorative Plan

Pertinent History and/or Concerns

REASON FOR REFERRAL

Area of Concern: Tooth #: _____ Please check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Periodontal Evaluation | <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Ortho Exposure |
| <input type="checkbox"/> Soft Tissue Graft/ Recession | <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Pocket Reduction |
| <input type="checkbox"/> Dental Implant(s) | <input type="checkbox"/> Extraction | <input type="checkbox"/> Sinus Elevation |
| <input type="checkbox"/> Bone Graft | <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Cosmetic Crown Lengthening |

PERIODONTAL TREATMENT COMPLETED IN YOUR OFFICE TO DATE

- None
- Scaling & Root Planing: Date _____ Periodontal Maintenance:
- Gross Debridement: Date _____ Last Recall _____ Frequency _____

RADIOGRAPHS

- | | | |
|--|--|--|
| Last FMX _____ | Last VBW _____ | Last CBCT _____ |
| <input type="checkbox"/> Sent Digitally | <input type="checkbox"/> Sent Digitally | <input type="checkbox"/> Sent Digitally |
| <input type="checkbox"/> Please take new | <input type="checkbox"/> Please take new | <input type="checkbox"/> Please take new |

Individual Periapicals: Sent Digitally Please take new

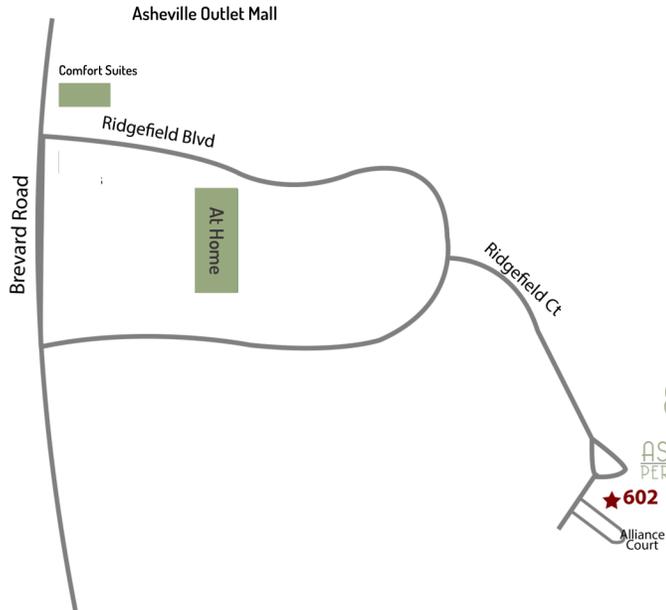
APPOINTMENT INFORMATION

Periodontal Evaluation Appointment at Asheville Periodontics

Date _____ Time _____

So that we can provide the best patient service, please send this form to our office along with all current radiographs to info@ashevilleperiodontics.com or fax to (828) 665-4407.

Thank you for trusting us to give your patients excellent periodontal care.



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I-26 to exit 33 (Brevard Road)
 Go South on Brevard Road
 Turn left onto Ridgefield Boulevard (at Ryan's
 Steakhouse)

-The mall will be on your left at this point-
 Go approx. 1/4 mile and turn left onto Ridgefield Court
 (the street, not the Ridgefield Complex)
 Go to the end of the court and turn right onto Alliance
 Court

We are located in the 600 Buildings on the left hand side.



ASHEVILLE
 PERIODONTICS

★602

Alliance
 Court

602 ALLIANCE COURT
 ASHEVILLE, NC 28806 828.665.4405
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