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Memphis Periodontal Group
Periodontics & Dental Implants

Date: _____

PATIENT: _____

Work #: _____ Home #: _____

I AM REFERRING

(Areas of Concern)

THIS PATIENT FOR:

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

- Complete Periodontal Eval & Txmt.
- Dental Implant Consultation
- Limited Periodontal Eval. & Txmt.
- Emergency / Abscess
- Crown Lengthening
- Bone Regeneration
- Recession / Grafting
- Frenum Problem

Other: _____

PERIODONTAL TREATMENT DONE BY US ALREADY:

- Root Planing and Scaling UR / UL / LL / LR / ALL Date Done: _____
- Frequent Periodontal Maintenance

RADIOGRAPHS: (FMX _____ BWX _____ PA's _____)

- Are being forwarded to you. Are accompanying patient. Are available in our office.
- If needed, please take films and send me a set.

TREATMENT DISCUSSION: Please call me: BEFORE AFTER your examination.

Please email digital imaging and/or any necessary documentation to
mperiodontalgrp@gmail.com

DOCTOR: _____ D.D.S.

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White Copy-Patient

Yellow Copy-File

Postcard-Mail