

Oklahoma Center for Implants & Periodontics

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WWW.OKPERIOIMPLANT.COM

Patient Name: _____ Date: _____

Referred by Dr. _____ Phone: _____

Reason for Referral:

- Complete Periodontal Evaluation: _____
- Soft Tissue Grafting: _____
- Periodontal Abscess: _____
- Implant Consult - Tooth #(s): _____
- Clinical Crown Lengthening: _____
- Frenectomy: _____
- Other: _____
- Second Opinion only: _____

Previous Periodontal Treatments: _____

Tentative Restorative Plans: _____

Please Contact Me:

- Prior to exam
- Patient in Chair
- After exam
- By Phone
- By Mail
- By Fax

Recent Radiographs:

- Patient has radiographs
- Sending to the Periodontist
- Please take appropriate x-rays

REMARKS: _____

Save time and fill out your new patient paperwork, now available on our website.



Appointment Date/Time:
