



MIDWEST PERIODONTICS

& implant dentistry

Paul Johnson D.D.S.
Zackery Krei D.D.S.

605-335-8830 • www.midwestperiodontics.com

Referral And Treatment Request

Today's Date _____

Patient's Legal Name: _____ D.O.B. _____

Parent/Legal Guardian: _____

Patient's Phone Number: Cell: _____ Work: _____ Home: _____

Referring Dentist: _____ Phone: _____

Scheduling Instruction (Check One):

_____ Patient will contact Midwest Periodontics & Implant Dentistry

_____ Midwest Periodontics & Implant Dentistry to contact patient

_____ Referring office has scheduled appointment for _____.

(Date/Time)

PLEASE EVALUATE:

General Periodontal Disease _____

Frenectomy _____

Implant Placement _____

Biopsy _____

Gingival grafting _____

Other _____

Crown lengthening _____

Would you like a telephone call during the patient's appointment?

Do you have restorative plans?

Yes No

Yes No

Radiographs- Given to patient Mailed Emailed Take required X-Rays

Comments: _____

Please mail, fax, or email referrals/x-rays to Sioux Falls office,

3805 Kiwanis Circle, Sioux Falls, SD 57105

Fax: 605-335-0947

data@midwestperiollc.com

IMPORTANT: If for some reason it becomes necessary for you to change your appointment, please give us at least two working days notice.

Please see reverse of this page for directional maps and locations.

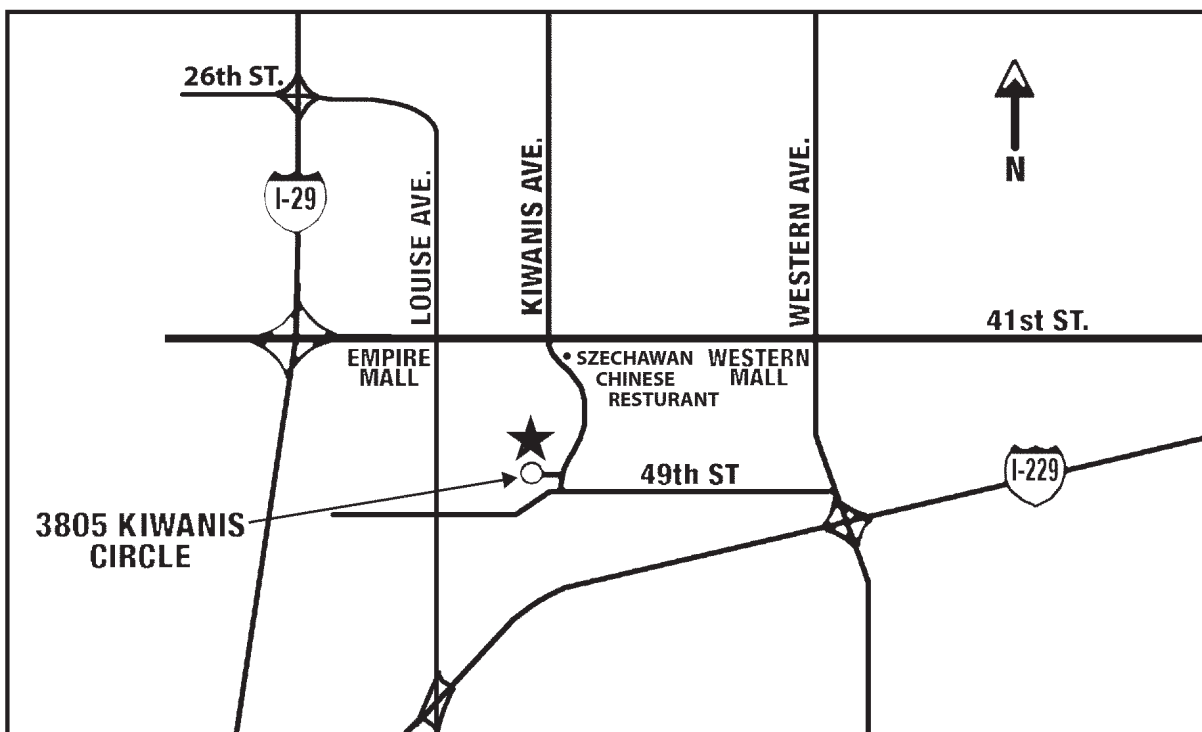


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