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PERIODONTICS

Introducing _____ Telephone # _____

Referred By _____ Date _____

Appt. Date _____ Time _____ Day _____

REASON FOR REFERRAL

- Complete periodontal examination _____
- Limited periodontal examination tooth # _____
- Crown lengthening tooth # _____
- Recession/frenum pull/inadequate amount of attached tissue tooth # _____
- Ridge augmentation area _____
- Gingival contouring for cosmetics # _____
- Biopsy area _____
- Other _____

PERIODONTAL TREATMENT COMPLETED TO DATE

- Oral hygiene instructions
 - Proxabrush End tufted brush Mechanical brush
 - Floss Water pik Other
- Prophylaxis and gross scale
- Root planing, date of service _____
- Subgingival irrigation, date of service _____
- Antimicrobial therapy, date of service _____
- Periodontal maintenance therapy every _____ months for _____ years

WHAT IS YOUR TREATMENT PLAN? _____

RADIOGRAPHS

- Please take needed x-rays I will email image as jpeg files
- I will send x-rays Please return original x-rays Patient has x-rays
- FMX PA Bite wings Panorex