

J. WADE GAITHER, DDS

PERIODONTICS & IMPLANTOLOGY

301 UPTOWN SQUARE • MURFREESBORO, TN 37129 • 615.895.5888

New Patient Referral Form

Please Fax To: 615.895.0023
Send original with patient.

DIRECTIONS TO OFFICE ON BACK. THANK YOU

Patient's Name: _____ Patient's Phone: _____

Referring Doctor: _____ Date: _____

An appointment has been scheduled with Dr. Gaither for M Tu W Th Fr, _____ @ _____ O'Clock

Patient Needs:

- Normal Scheduling
- Urgent/Emergency

X-rays Taken: Pan FMX BW's PA's Mailed Sent with patient

Dental History:

- Patient seen regularly
- Irregular visits
- Previous Periodontal Treatment

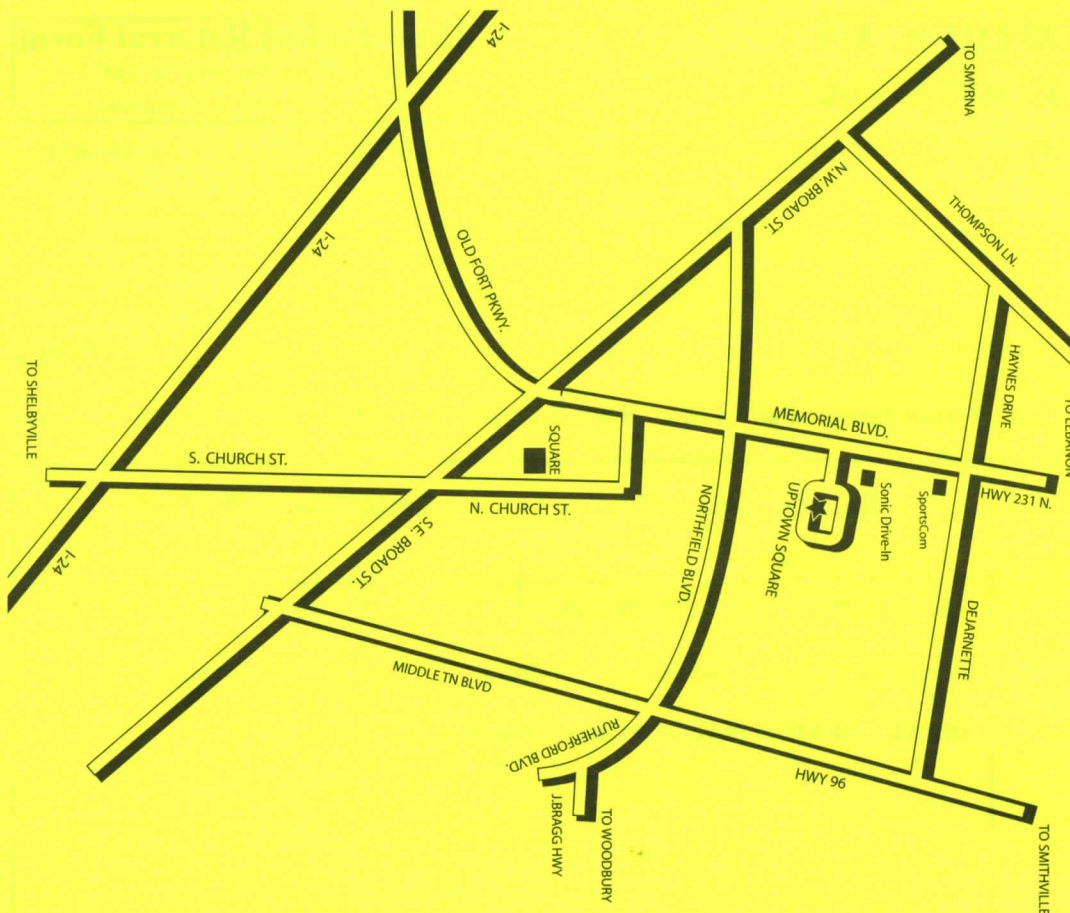
Please Evaluate For:

- Periodontal Disease
- Esthetic Deformities/
Lack of Attached Gingiva
- Crown Lengthening
- Dental Implants
- Other: _____

<u>X out Hopeless Teeth</u>								<u>Circle Questionable Teeth</u>							
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

Pocket Depths: 3-5mm, 5-7mm, 7-9mm, +10mm

DETAILS OF RESTORATIVE PLANS, COMMENTS, ETC.:



Directions: (Near Airport) The office is located off of Memorial Blvd. in the Uptown Square Office Park behind Sonic.

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