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Mylinh Duong, DDS, MS

Practice Limited to Implants and Periodontics

Patient: _____ Date: _____
Telephone: _____
Referred by: _____

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

This patient is being referred for evaluation of the following symptoms/conditions:

- Gingival Recession/Grafting
- Comprehensive Periodontal Evaluation
- Crown Lengthening for Restorations
- Crown Lengthening for Aesthetics
- Furcation Involvement/Guided Tissue Regeneration
- Implant Consultation
 - Extraction and Immediate Implant
 - Extraction and Ridge Preservation for Delayed Implant
 - Sinus Lift
 - Ridge Augmentation
- Isolated Periodontal Evaluation
- Orthodontic Co-therapy
 - Tooth Exposure
- Other: _____
- Biopsy/Oral Lesion
- Frenectomy

Comments: _____

- Please call before proceeding with treatment I have included radiographs for your evaluation

www.southtexasperio.com

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Fax: 210-944-4844