



Silver Lake Dental Health Center  
10814 19th Ave. SE • Everett, WA 98208  
(425) 337-4734 • FAX: (425) 316-8652  
info@skyridgeperio.com

**Graig Erickson, DDS, MSD**  
*Diplomate of the American Board of Periodontology*

**REFERRAL INTRODUCTION**

Introducing \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number Res: \_\_\_\_\_ Bus: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Telephone: \_\_\_\_\_

**Type of Periodontal Examination**

- Complete Periodontal Exam
- Limited Periodontal Exam: \_\_\_\_\_
- Crown Lengthening ('s) \_\_\_\_\_
- Recession/Frenectomy ('s) \_\_\_\_\_
- Implant evaluation area: \_\_\_\_\_
- Extraction ('s) \_\_\_\_\_
- Other: \_\_\_\_\_

**Management Preferences**

- Initial Therapy
  - We have completed periodontal scalings during the past year
  - or  Periodontal scalings have not been completed during the past year

**Maintenance**

- We prefer to do maintenance after active therapy
- We prefer to alternate maintenance after therapy
- We prefer your office to do periodontal maintenance and we will continue to do caries exams

Comments (Include restorative plan - additional space on back) :

---

---

---

---

---

*Please read important patient instructions on back.*