



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: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Insurance: \_\_\_\_\_

### 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) :

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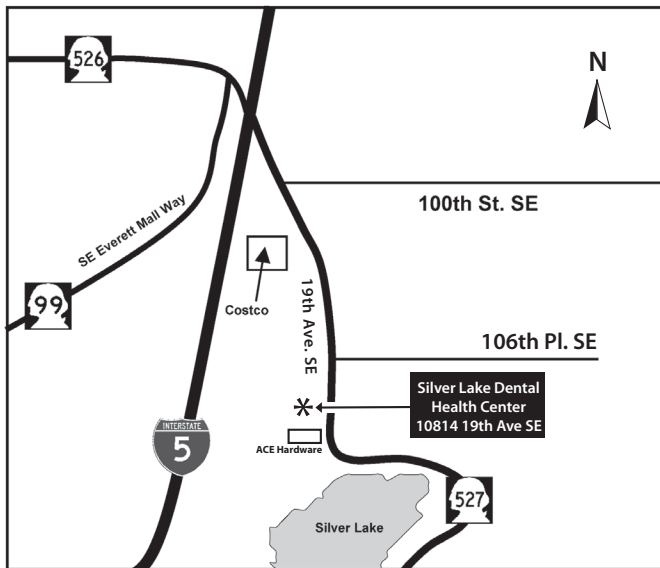
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*Please read important patient instructions on back.*

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