



400 E. Watauga Ave.
Johnson City, TN 37601
Ph. 423-926-4867

Daniel L. Shelby, D.M.D.

Diplomat of The American
Board of Periodontics

Specialists in ADVANCED PERIODONTAL & IMPLANT SURGERY



American Academy of Periodontology
perio.org

PATIENT INFORMATION:

Today's Date _____

First Name _____ Last Name _____ Date of Birth _____

Contact Telephone () _____ Contact E-Mail Address _____

Does the patient require antibiotics prior to dental treatment? Yes No

REFERRING DOCTOR'S INFORMATION:

Referred By _____ Telephone () _____

E-Mail Address _____

Referring To Dr. _____ At Office _____

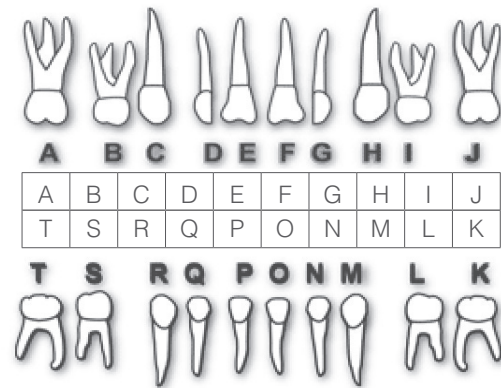
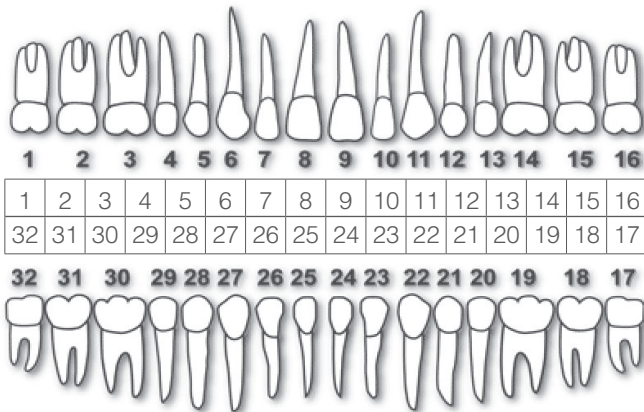
PROCEDURES:

<input type="checkbox"/> Extraction	<input type="checkbox"/> Hard Tissue	<input type="checkbox"/> Periodontal Treatment	<input type="checkbox"/> Ridge Augmentation
<input type="checkbox"/> Alveoplasty	<input type="checkbox"/> Infection	<input type="checkbox"/> Implants	<input type="checkbox"/> Oral / Facial Lesion
<input type="checkbox"/> Biopsy	<input type="checkbox"/> Expose & Bond	<input type="checkbox"/> Laser Surgery	<input type="checkbox"/> Bone Grafting
<input type="checkbox"/> Incision & Drainage	<input type="checkbox"/> Soft Tissue	<input type="checkbox"/> Pre-Prosthetic	<input type="checkbox"/> Other _____
<input type="checkbox"/> Intraoral Lesion	<input type="checkbox"/> Frenectomy	<input type="checkbox"/> Gingival Grafting	
<input type="checkbox"/> Exposure	<input type="checkbox"/> Apicoectomy	<input type="checkbox"/> IV Sedation	

Please Verify Teeth For Extraction _____

Implants _____

Location / Notes _____



RADIOGRAPHS OR CLINICAL PHOTOS:

Being Mailed

Being E-Mailed

Given To Patient

Please Take

No X-Ray

Attached – If X-Rays are attached, what date were they taken _____

TO ATTACH X-RAY(S) TO THIS REFERRAL FORM PLEASE SUBMIT THE FORM ABOVE OR BELOW.

DEX graphic files cannot be used by our office. Please do not submit this file type!

AFTER THE FORM IS SUBMITTED YOU WILL THEN HAVE THE OPTION TO UPLOAD X-RAYS THAT WILL BE ATTACHED TO THIS REFERRAL FORM.

COMMENTS: