In addition to the referral form, please email the patient's most recent records and recording dates.

Referral Reason:	***Please attach their <u>current/most recent</u>:***			
Implants	Pano			
Sinus Elevation	Pano			
Exposure	Pano			
Frenectomy	Pano			
Wisdom Teeth	Pano			
Crown Lengthening		FMX/Pano	Additional X-Rays	
Surgical Extractions		FMX/Pano	Additional X-Rays	
Bone Graft		FMX/Pano	Additional X-Rays	
Sinus Elevation		FMX/Pano	Additional X-Rays	
Bone Graft		FMX/Pano	Additional X-Rays	
Sinus Elevation		FMX/Pano	Additional X-Rays	
Periodontal Eval		FMX/Pano	Additional X-Rays	Perio Charting
Perioscope		FMX/Pano	Additional X-Rays	Perio Charting
Tissue Grafts		FMX/Pano		Perio Charting

NOTE: If the required images are ***out of date***,
please send the out of date films in addition to their most recent X-Rays.

THANK YOU