

Graduate Periodontology Clinic

Referral Request

Referred by: Doctor	Facility
Phone:	Fax

Patient Information: Name		DOB	
Address		Apt	
City	State	Zip	Gender
Phone	Email		

Language: _____ **Interpreter needed:** Yes No

Reason for Referral: Please check all that apply.

<p>General Periodontal Care</p> <p><input type="checkbox"/> Unresolved pocket depth ≥ 6mm</p> <p><input type="checkbox"/> Scaling & Root Planing/Debridement</p> <p><input type="checkbox"/> ANUG (gingival pain excessive BOP)</p> <p><input type="checkbox"/> Enlarged gums</p>	<p>Gingival Related</p> <p><input type="checkbox"/> Recession (gum graft)</p> <p><input type="checkbox"/> Crown lengthening</p> <p><input type="checkbox"/> Frenectomy</p> <p><input type="checkbox"/> Biopsy/Pathology</p> <p><input type="checkbox"/> Tori removal</p> <p><input type="checkbox"/> Canine uncoverly</p> <p><input type="checkbox"/> Other</p>	<p>Implant Related</p> <p><input type="checkbox"/> Implant</p> <p><input type="checkbox"/> Sinus lift</p> <p><input type="checkbox"/> Bone grafting/ridge augmentation</p> <p><input type="checkbox"/> Full arch prosthesis</p>
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Indicate teeth to be extracted with an X and recommended implant sites with a circle.

A B C D E F G H I J
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
T S R Q P O N M L K

Significant medical history (pre-med, etc.)

Does the patient have a finalized restorative treatment plan? Yes No

Does the patient intend to continue restorative treatment in your office? Yes No

Additional notes:

Signature of referring provider

Date

Patients will not be seen without a **completed written OSU referral form and Current X-RAYS** (<12 months). If XRAYs are not sent, we will take new films at the Patient's expense (\$143) Please email both to: periodonticsclinic@osu.edu. We will not accept faxed x-rays. **Please note that additional x-rays may be required at additional cost.**

There is an **exam fee of \$111**. First appointment will be an **examination and consultation only**. Further treatment will depend on exam findings. Payment is due at time of service. Accepted insurance plans can be found at: <https://dentalclinics.osu.edu/methods-payment>. Driving directions can be found at <https://dentalclinics.osu.edu/about/find-us>. Garage parking fees apply.

We currently have a waiting list for new patients. Patients experiencing severe pain or swelling can visit the OSU Emergency Clinic, M-F 7:30 am on a first-come, first-served basis.

<https://dentalclinics.osu.edu/clinics/emergency-dental-clinic>