

DUNES PERIODONTICS & IMPLANT DENTISTRY

Scott Terry, D.D.S. • 605.540.4477 • info@dunesperio.com • dunesperio.com

Referral and Treatment Request

Patient's Name: _____

Parent or Legal Guardian: _____

Email: _____

Cell Number: _____ Work: _____ Home: _____

Referring Dentist: _____ Phone: _____

Scheduling Instruction (Check One):
 Patient will Contact Dunes Periodontics
 Dunes Periodontics will Contact Patient
 Referring Office has Scheduled Appointment for _____

Referred For

General Periodontal Disease
 Biopsy
 Other _____

Frenectomy
 Gingival Grafting

Implant Placement
 Crown Lengthening

Do you have restorative plans? Yes No

Would you like a telephone call during the patient's appointment? Yes No

Radiographs: Given to Patient Mailed Emailed Take Required X-Rays

Additional Comments: _____

Please mail, fax or email referrals and x-rays to Dunes Periodontics.

605.540.0210 • info@dunesperio.com
150 Tower Rd., Suite 110, Dakota Dunes, SD 57049

IMPORTANT: If for some reason it becomes necessary for you to change your appointment, please give us at least two (2) working days notice.

