TRU PERIODONTICS
& DENTAL IMPLANTS

Unnati Amin DDS
912 Courtyard Drive Hillsborough, NJ 08844
T: (908) 304-9601 F: (908) 304-9602
www.truperio.com Email: info@truperio.com

Date: _____

Patient Name: _____ Patient Contact Number: _____

Referring Doctor: _____ Referring Doctor Phone Number: _____

Reason for Consult and Treatment:

Periodontal Disease

☐ Full Periodontal Evaluation ☐ Localized Areas of Concerns: _____

Restorative Plan: _____

Implant Therapy

☐ Missing tooth ☐ Hopeless tooth ☐ Evaluate for immediate implant

Tooth/Teeth Number(s): _____

Restorative Plan: _____

Crown Lengthening

☐ Functional (please provisionalize) ☐ Esthetics

Tooth/Teeth Number(s): _____

Restorative Plan: _____

Mucogingival Deformity

☐ Recession/Root Coverage ☐ Inadequate Keratinized Tissue

Tooth/Teeth Involved: _____

Extraction

Tooth/ Teeth: _____ Need for Socket Preservation: ☐ Yes ☐ No

Restorative Plan: _____

OTHER: _____

Radiographs

☐ FMX ☐ PAs ☐ Needed

Sent by: ☐ Email ☐ Patient to bring

Previous Periodontal Treatment

☐ SRP: UR UL LL LR ☐ Periodontal maintenance

Date Performed: _____

Referring Doctor's Impressions and Comments: _____

_____

_____

DOCTOR: Please have patient bring this form to appointment. You may also email or fax

PATIENT: Please bring referral form, insurance card and any xrays (if given) to your dental appointment.

We accept most **INSURANCES**
Conveniently located by major highways: Route 206, Route 202, Route 22, I-287, I-78

Thank you for your cooperation.