# TULIPS

Periodontics & Dental Implants

Mitul Patel, DDS, MS
8530 Mayland Dr, Henrico, VA - 23294 • (804)270-3131
5921 Harbour Lane, Suite 200, Midlothian, VA - 23112 • (804)302-3161
www.richmondperiodontist.com

## Patient Information:

Name: _____

Phone: _____

E-Mail: _____

## Referred by:

Dr. _____

E-Mail: _____

## Referral For:

- ❑ Tooth #(s) _____
- ❑ Quadrant _____
  - ❑ Full Periodontal Exam
  - ❑ Laser Periodontal Therapy (LANAP/LAPIP)
  - ❑ Gum graft
  - ❑ Regenerative Periodontal Therapy
  - ❑ Crown Lengthening
  - ❑ Extraction/Grafting
  - ❑ Dental Implants
  - ❑ Sinus Augmentation
  - ❑ Ridge Augmentation
  - ❑ Tooth Exposure
  - ❑ Frenectomy
  - ❑ All-on-4

## Restorative Plan:

_____

_____

_____

_____

## Radiographs:

❑ BW ❑ FMX ❑ PAs ❑ CBCT

❑ Mailed ❑ Emailed ❑ Patient will bring ❑ Take new

***Treatment Completed at Your Office***

- ❑ Prophylaxis
- ❑ SRP
- ❑ Periodontal Maintenance

***Preferred Implant System***

- ❑ Nobel
- ❑ BioHorizons
- ❑ Straumann
- ❑ Other

## Comments:

_____

_____

_____

_____

## Please:

- ❑ Call me before seeing the patient
- ❑ Call me after seeing the patient
- ❑ Alternate recare appointments
- ❑ Do all recare

## Preferred appointment times:

Date _____ Time _____

Date _____ Time _____

## Preferred location:

- ❑ Henrico
- ❑ Midlothian


Henrico Office

8530 Mayland Dr, Henrico, VA 23294

**Office - (804) 270-3131**

**Fax - (804) 270-2363**

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Midlothian Office

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