



UTAH PERIODONTAL SPECIALISTS Referral Form

Jeffrey Knight

Christian Nielsen

LaRisse Skene

Patient Name: _____ Phone: _____

Referring Doctor: _____ Phone: _____

Comprehensive Periodontal Evaluation
Implants
Recession
Crown Lengthening

Extraction
Ortho Exposure
Frenectomy
Oral Pathology

Teeth Numbers: _____

Date and type of last cleaning: _____

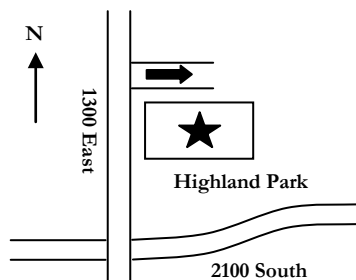
COMMENTS: _____

X-Rays: _____ Sent with patient _____ E-mailed _____ Please take x-rays

PLEASE SEND THIS FORM AND A COPY OF ALL X-RAYS WITH THE PATIENT
e-mail: perio3632@hotmail.com

Dear Patient: Thank you for choosing Utah Periodontal Specialists. At your first appointment in our office we will perform a thorough examination and tell you precisely what we recommend. The time needed, fees, and insurance coverage, if any will be discussed. We are passionate about periodontics and implant dentistry and look forward to welcoming you to our practice.

Sugar House Office
Phone: 801-487-5807



South Jordan Office
Phone: 801-302-0339

