



# 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: \_\_\_\_\_

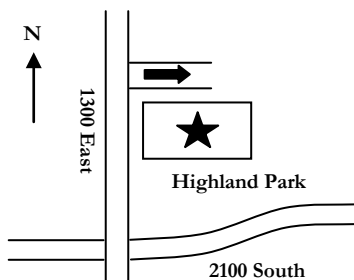
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**

**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.

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