



UTAH PERIODONTAL SPECIALISTS

Centers for Periodontal and Implant Therapy

Referral Form

Jeffrey Knight

Christian Nielsen

LaRisse Skene

Patient Name: _____

Phone: _____

Referring Doctor: _____

Phone: _____

Comprehensive Periodontal Evaluation

Extraction

Implants

Ortho Exposure

Recession

Frenectomy

Crown Lengthening

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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