



# PERIODONTAL SPECIALISTS

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Referring Dr. \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

For:

- Emergency Exam and Treatment
- Comprehensive Periodontal Exam
- Site Specific Periodontal Exam
- Gingival Graft
- Crown Lengthening
- CBCT Scan
- Implants (3i)
- Implants (MIS)
- Implants (Straumann)

Appointment:

- Scheduled (Date) \_\_\_\_\_ (Time) \_\_\_\_\_
- Patient will contact to schedule appointment
- Contact patient to schedule appointment
- I give Periodontal Specialists permission to text or email me regarding an appointment (email): \_\_\_\_\_

Recent Full Mouth Radiographs OR Panoramic and Vertical Bitewings

- Unavailable, please take new radiographs
- Accompanying patient
- Mailed to your office
- Emailed to your office ([bradshawdds@gmail.com](mailto:bradshawdds@gmail.com))

Treatment Already Completed:

- Periodontal Maintenance Date: \_\_\_\_\_
- Root Planing & Scaling Date: \_\_\_\_\_

Significant medical problem: \_\_\_\_\_

- Need for premedication

Comments: \_\_\_\_\_

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