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Referral Form

754 S Main St. STE 7 St. George, Utah 84770
(435) 652-1605
bradshawdds@gmail.com ♦ www.gumexpert.com

Patient Name: _____

Phone: _____

Referring Doctor: _____

Phone: _____

Reason for visit:

- | | |
|--|---|
| <input type="checkbox"/> Comprehensive Periodontal Exam | <input type="checkbox"/> Recession |
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Ortho Exposure |
| <input type="checkbox"/> Gingival or Connective Tissue Graft | <input type="checkbox"/> CBCT Scan |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Implants |
| <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Oral Pathology |

Teeth Numbers: _____

Recent Full Mouth Radiographs OR Panoramic and Vertical Bitewings

- | | |
|---|--|
| <input type="checkbox"/> Unavailable, please take new radiographs | <input type="checkbox"/> Mailed to your office |
| <input type="checkbox"/> Accompanying patient | <input type="checkbox"/> Emailed to your office @
(bradshawdds@gmail.com) |

Date & type of last cleaning:

- | | |
|--|-------------|
| <input type="checkbox"/> Periodontal Maintenance | Date: _____ |
| <input type="checkbox"/> Root Planing & Scaling | Date: _____ |

Comments: _____

Thank you for considering our practice for your patient's dental needs. Please use our secure online Referral Form for easy submission. For X-rays, email them to bradshawdds@gmail.com. If needed, download and email a completed Referral Form or mail a hard copy to 754 South Main St. STE 7, St. George, UT 84770.

Key points for referrals:

- Inform us about current care and future treatment plans.
- Include specific tooth numbers and quadrants related to the patient's treatment needs.
- Send current X-rays and radiographic records.

Patients typically receive an initial examination before scheduling surgery separately.

For efficient scheduling, coordinate appointments directly from your office. Please contact us with any questions or for assistance. Thank you for trusting us with your patients' care.