

DR. _____
EVAN GRODIN
PROSTHODONTIST & PERIODONTIST

Northwest Medical Center
 3280 Howell Mill Rd. NW, Suite 327 • Atlanta, GA 30327
 Phone: 470-451-0981

Patient name _____ **DOB** _____

Referred by Doctor _____ **Date** _____

Referring Doctor Email _____ **Phone** _____

Discuss treatment (before/after) consultation via (phone/email/letter).

Please email any pertinent information to: info@drevangrodin.com

PLEASE MARK TEETH/AREA TO BE TREATED

			A	B	C	D	E		F	G	H	I	J			
1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
<hr/>																
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17
			T	S	R	Q	P		O	N	M	L	K			

Periodontics	Prosthodontics
<input type="checkbox"/> Periodontal Disease	<input type="checkbox"/> Complex Restorative/Full Mouth Rehab.
<input type="checkbox"/> Extraction(s)	<input type="checkbox"/> Specific or Localized Treatment
<input type="checkbox"/> Dental Implants (Type: _____)	<input type="checkbox"/> Esthetic Treatment
<input type="checkbox"/> Gingival Recontouring/Gingivectomy	<input type="checkbox"/> Implant Provisionals & Tissue Contouring
<input type="checkbox"/> Crown Lengthening (Esthetic/Functional)	<input type="checkbox"/> Implant Prosthetics: Overdentures, Fixed Full Arch (ex. All-on-4®)
<input type="checkbox"/> Frenectomy	<input type="checkbox"/> Complete/Partial Dentures
<input type="checkbox"/> Recession (Localized/Generalized)	<input type="checkbox"/> Congenital Disorders (Ectodermal Dysplasia, Amelogenesis Imperfecta, Other)
<input type="checkbox"/> Surgically facilitated Orthodontic Treatment	<input type="checkbox"/> Interdisciplinary Treatment Coordination
<input type="checkbox"/> Tooth Exposure & Bracket/TADs	<input type="checkbox"/> Treatment Planning Consultation/Input
<input type="checkbox"/> Pre-prosthetic site development	
<input type="checkbox"/> Evaluate specific area of concern	
<input type="checkbox"/> IV/Oral sedation requested	

Comments: _____

Bring To Your Appointment: This referral slip, X-rays, List of all medications you are taking, and Insurance information.
****PLEASE** alert our office if you are taking blood thinners, have allergies, and/or have ever been told to pre-medicate with antibiotics.