

Perio • Implant • Cosmetic

Wen Lu, DDS

ArdenDentalCenter.com

info@ardendentalcenter.com

630.529.0303

531 E. Roosevelt Road Suite 100, Wheaton, IL 60187

Introducing _____ Patient Phone Number _____

Referring Doctor _____ Date _____

Office Phone _____ Appointment Date/Time _____

I AM REFERRING THIS PATIENT FOR:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive Periodontal Examination | <input type="checkbox"/> Pocket Reduction / GTR |
| <input type="checkbox"/> Limited Periodontal Evaluation | <input type="checkbox"/> Esthetics Recontouring |
| <input type="checkbox"/> Soft Tissue Graft / Root Coverage | <input type="checkbox"/> Extraction / Socket Graft |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Implant Consultation / All-on-4/5 |
| <input type="checkbox"/> Gingivectomy | <input type="checkbox"/> Frenectomy |

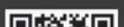
PERIODONTAL TREATMENT PREVIOUSLY DONE:

- ☐ Scaling & Root Planning: UR | UL | LL | LR | ALL Date Done: _____
- ☐ Frequent Periodontal Maintenance _____

RADIOGRAPHS

- ☐ Please take new radiographs ☐ Please take CT Scan ☐ Emailed to your office

Restorative Plans/Comments: _____



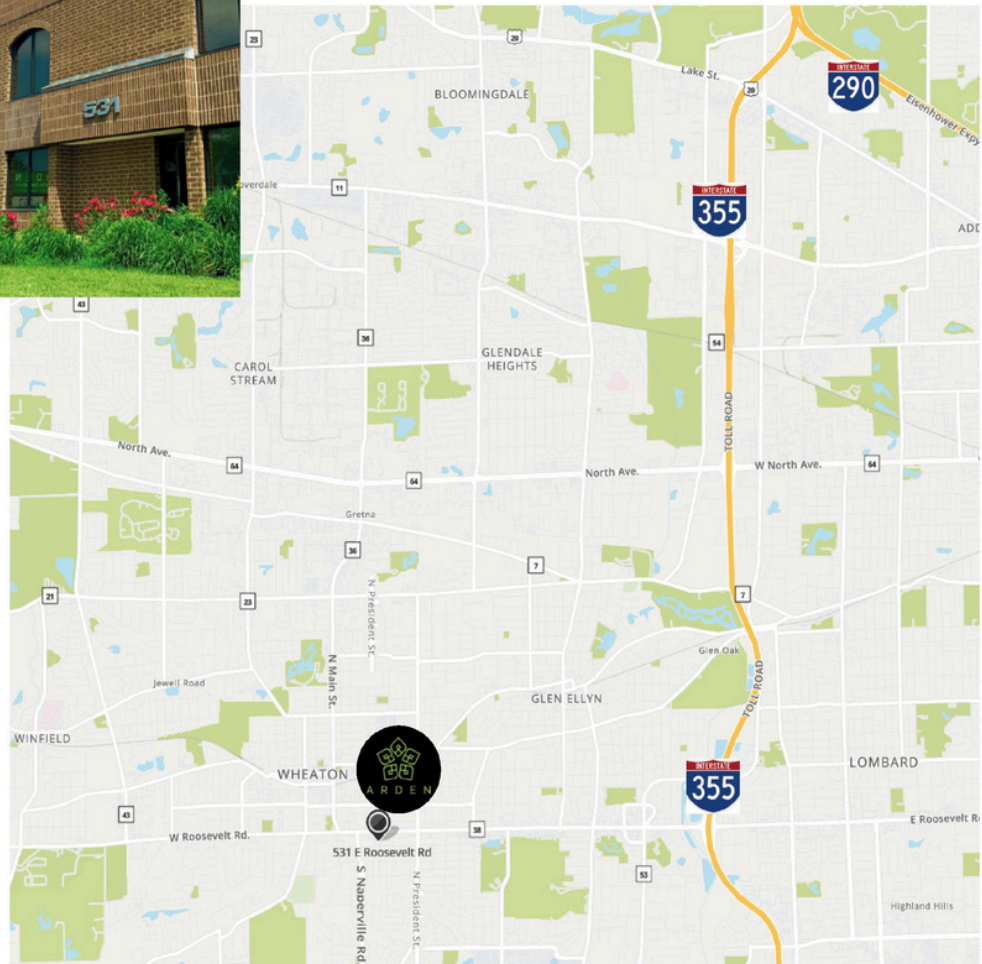
You have been referred to us for an initial periodontal / implant evaluation.

We will work closely with your general dentist, physician, and other specialists to ensure the highest quality and thorough care. We will strive to make your experience as comfortable as possible. Please feel free to call or text if you have any questions, concerns, or special needs.

To provide you the best care, please bring all necessary information with you:

- Medical history, including a list of current medications
- X-rays, dental insurance card, your ID, and this referral slip

We look forward to meeting you!



531 E. Roosevelt Road Suite 100, Wheaton, IL 60187

Our Office is Located off I-355 (Roosevelt Exit)