

Dr. Kenneth Cavallari, D.D.S PC

Diplomate American
Board of Periodontology

Diplomate International
Congress of Oral Implantology



www.dr cavallari.com

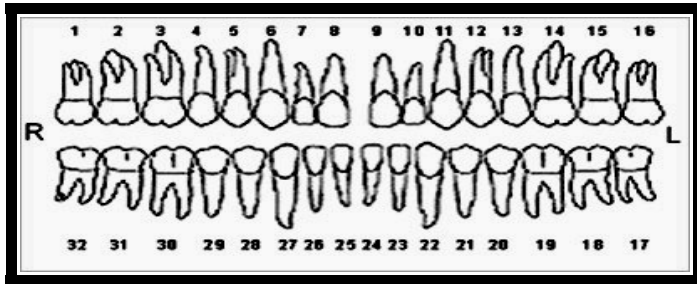
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Patient Referral Form

Name: _____ Phone: _____

Referring Doctor: _____ Date: _____



Radiographs:

- I will send _____
- Patient will bring _____
- Please Take _____
- Possible CT Scan

Have you discussed a CT scan
with the patient? ___yes ___no

History of Periodontal therapy includes:

Scaling & Root Planning (Date) _____

Date of last cleaning _____

Maintenance every ___ months.

Periodontal Charting Yes No

Reason for Referral:

- Periodontal Disease
- Gingival Graft
- Ridge Augmentation
- Sinus Lift
Right Left
- Crown Lengthening
- Biopsy
- Extraction(s)
- Exposure(s)
- Dental Implants
 - Single Implant(s)
 - Over Denture
 - Hybrid
- Osseous grafting
- Other _____

Comments: _____

Please copy and retain for your records