SUMMIT VIEW PERIODONTICS

Gum Disease Therapy and Dental Implants

Christopher J. Sakkaris, DDS, PC
Veronica Longville, DDS, MS
Practice Limited to Periodontics

Date of Referral: ______________________________

Referring Doctor: ______________________________

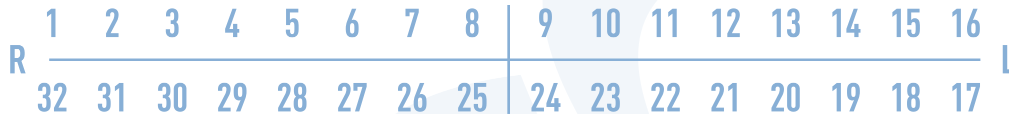
Patient Name: ______________________________

Appointment Time and Date: ______________________________

Each consultation visit is a minimum of 50 minutes in duration. Please arrive 20 minutes prior to your appointment time for initial paperwork or from our website, you may download, print and complete forms ahead of time.

Please bring this referral card and any pertinent radiographs with you to your consultation appointment.

13533 Huron Street, Suite 300, Westminster, CO 80234 Office: 303.450.3144 Fax: 303.920.1136
www.summitviewperio.com



Please evaluate for:

- ☐ Comprehensive Periodontal Exam
- ☐ Limited Periodontal Exam (please specify)
- ☐ Laser Periodontal Therapy
- ☐ Tooth Extraction
- ☐ Crown Lengthening
- ☐ Tissue Grafting
- ☐ Implant Evaluation
- ☐ Ridge Augmentation

☐ Other:____

____

Radiographs: ☐ Enclosed/Attached ☐ Sent Electronically ☐ CT Scan/Panorex Available

History of SRP_______________

13533 Huron Street, Suite 300, Westminster, CO 80234 Office: 303.450.3144 Fax: 303.920.1136
www.summitviewperio.com