



# Kiran Arora, BDS, DDS

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## Arora Periodontics & Implant Dentistry

Introducing \_\_\_\_\_

Patient Phone # \_\_\_\_\_ Date \_\_\_\_\_

Referring Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Reason for Referral

Comprehensive / Full mouth Periodontal Exam  Limited Exam

Crown Lengthening  Biopsy/Oral Lesion  Acute Care

Esthetic Crown Lengthening  Implant Exam  CBCT

Ortho-Perio Exam  Tooth Exposure  Sinus Lift

Isolated Perio Evaluation  Gingival Recession  Frenectomy

Extraction with site preservation  Sedation

Other (Specify) : \_\_\_\_\_

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

### Current Radiographs

Sent via Email  Sent with patient  Please take

Kindly email **all radiographs** including FMX, BWs & PAs taken in last 2 years

### Past Periodontal Treatment

Prophylaxis : Date \_\_\_\_\_  SRP : Date \_\_\_\_\_

Perio Maintenance : Date \_\_\_\_\_