



EAGLE'S LANDING *periodontics*

Dental Implants
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Referral Date _____

Pt. Name _____

Referred By: _____ Tel No. _____

I WOULD LIKE YOU TO:

- Call me before seeing this patient
- Call me after seeing this patient
- Notify me by letter after the visit
- Notify me by email after the visit

- Return Originals
- PERIODONTAL HISTORY:**
- Previous therapy _____

RADIOGRAPHS

- I will send _____
- Patient will bring _____
- Please Take

- Other _____

REASON FOR REFERRAL:

- Periodontal Disease
- Apicoectomy# _____
- Crown Lengthen _____
- Dental Implants _____
- Gingival Recontour _____
- Recession _____
- Frenum _____
- Mini Implants _____
- Extractions _____

- Ridge Deficiency _____
- Sinus Lift __ Right __ Left
- Biopsy _____
- Stomatitis (lichen planus, pemphigus)
- Preprosthetic -hard or soft tissue
- PAAO/Ortho _____
- Expose/Bracket _____
- Other _____

REMARKS _____

Directions to our office:

From Atlanta: I-75 S. Take Hudson Bridge Rd Exit 224. Take a left onto Eagles Landing Pkwy. Turn Right (before KFC) at 3rd light onto Village Center Parkway. Go One block. Turn Left into parking lot. We are Building 239. 2nd floor.

From South/Macon: I-75 North. Take Hudson Bridge Rd Exit 224. Take a Right onto Eagles Landing Pkwy. Turn Right (before KFC) at 3rd light onto Village Center Pkwy. Go one block. Turn left into parking lot. We are Building 239. 2nd floor.