



**Perio-Partner, P.A.**

**Andrew Glover, D.D.S.**

Specialist in Periodontics

Oak Ridge Professional Bldg. • 625 E. Nicollet Blvd., #330 • Burnsville, MN 55337

tel: 952.435.0333 • fax: 952.435.0330 • [scheduling@periopartner.com](mailto:scheduling@periopartner.com)

[www.periopartner.com](http://www.periopartner.com)

Date of Referral: \_\_\_\_\_

Introducing: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ (h) \_\_\_\_\_ (w)

\_\_\_\_\_ (cell) \_\_\_\_\_ (e-mail)

Referred By: \_\_\_\_\_

Patient has been in my practice for: \_\_\_\_\_ years

Patient is new to my practice

**Please evaluate patient for:**

- Periodontal disease / bone loss
- Generalized consult
- Localized consult #
- Crown lengthening surgery #
- Other: \_\_\_\_\_
- Dental implant placement
- Gingival recession
- Cosmetic gingival contouring
- Emergency care

**Referral:**

Faxed

Yes

No

Mailed

Yes

No

Patient will call to schedule appointment.

Please contact patient to schedule appointment

**Radiographs:**

FMX will be sent

Patient has FMX

No current FMX

**Restorative therapy:**

Is planned  
(please comment below)

Will be planned after  
periodontal evaluation

Is not indicated

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_