



Periodontal and Implant Referral

For referring doctors. Thank you for trusting us with your patient.



Online referral form
AlohaDentalSpecialtyCenter.com
Scan with your phone camera



Refer through DentalRefer
DentalRefer.com
Scan with your phone camera

Email this form
info@alohadentalspecialty.com
Call
(503) 822-0096
Or send the form with the patient

Referring office

Referring doctor _____ Office phone _____
Practice / office _____ Office email or fax _____
Date _____ Preferred contact for report _____

Patient

Patient name _____ Date of birth _____
Patient phone _____ Insurance _____

Pertinent medical history (e.g. antibiotic premedication, anticoagulants, bisphosphonates) _____

Appointment

☐ Appointment made: date _____ time _____ ☐ Patient will call to schedule
☐ Please call the patient to schedule: _____ ☐ Urgent: please see as soon as possible

Nature of referral

☐ Comprehensive periodontal exam	☐ Limited periodontal exam	☐ LANAP laser periodontal therapy
☐ Recession / soft tissue graft	☐ Crown lengthening	☐ Frenectomy
☐ Dental implant(s)	☐ Full arch implants (All-on-X)	☐ Extraction and socket graft
☐ Ridge augmentation	☐ Sinus lift	☐ Peri-implantitis
☐ Consult only / second opinion	☐ Other: _____	

Area of chief concern

			A	B	C	D	E	F	G	H	I	J			
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
			T	S	R	Q	P	O	N	M	L	K			

Circle the tooth number(s) or area of concern. Patient's right is on the left of the chart.

Radiographs

☐ Sent with patient ☐ Emailed on (date) _____ ☐ Please take at ADSC (recent FMX or CBCT requested)

Reason for referral, comments, and tentative restorative plan

We send a written report after consultation and treatment and return the patient to you for all restorative care.





For your patient

Directions to Our Office

We are in the Aloha Medical Dental Square, Building No. 1.

Aloha Dental Specialty Center
18455 SW Alexander St, Suite B
Beaverton, OR 97006
(503) 822-0096

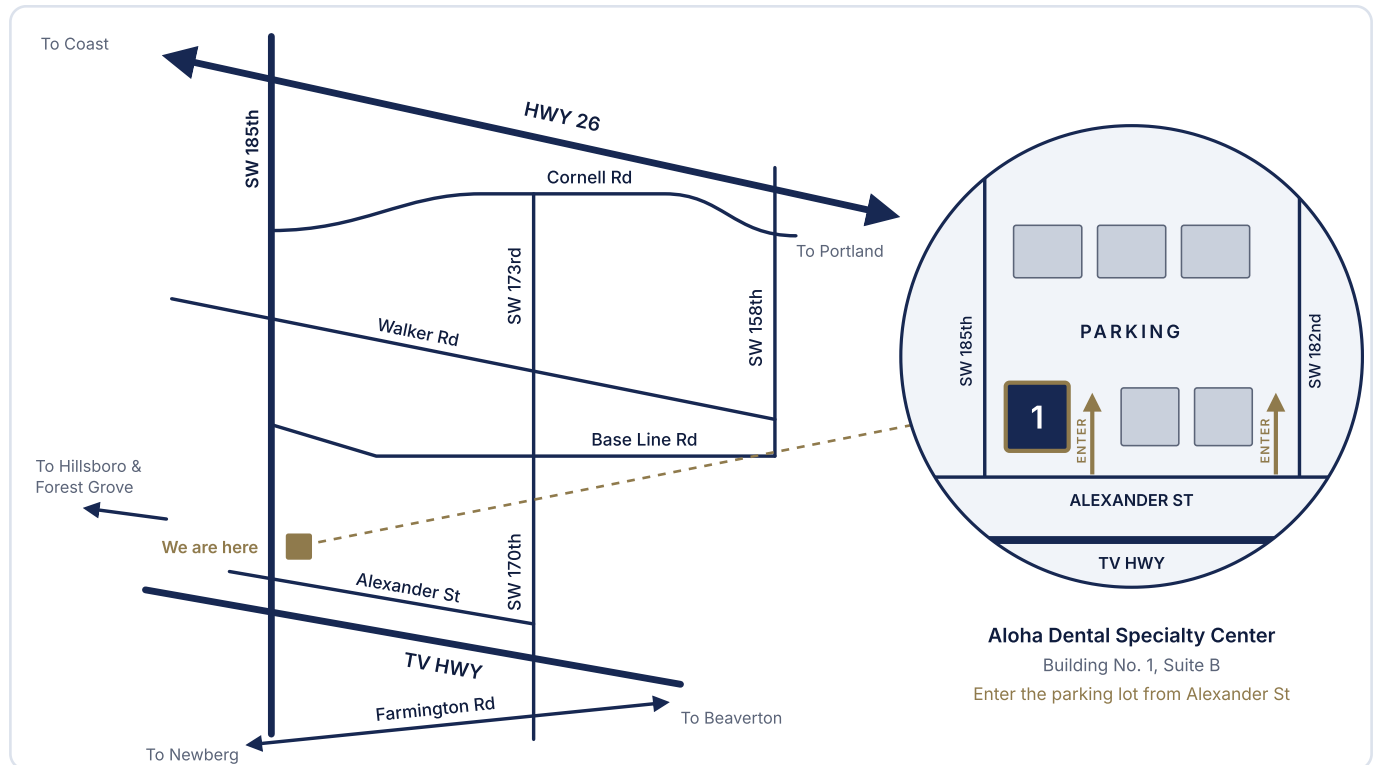


Get directions
Opens in Google Maps
Scan with your phone camera



Our website
alohadentalspecialtycenter.com
Scan with your phone camera

Area map



Your appointment

Date _____ Time _____

Doctor _____

Please bring

- ☐ This referral form
- ☐ Photo ID and dental insurance card
- ☐ A list of your current medications
- ☐ Any recent X-rays from your dentist

Driving directions

- 1** From Hwy 26: exit at 185th Ave and drive south on SW 185th.
- 2** From TV Hwy: turn north on SW 185th.
- 3** Turn east on Alexander St, one block north of TV Hwy, and enter the parking lot. We are in Building No. 1.

What to expect

- 1** A specialist consultation focused on the reason for your referral.
- 2** A written report sent to your dentist after your visit.
- 3** You return to your own dentist for all other dental care.

Questions, or need to change your appointment? Call (503) 822-0096. Please call us if you have trouble finding the office.

