



# Barry W. Heaton, D.D.S.

Diplomate of the American Board of Periodontology  
Practice Limited to Periodontics & Dental Implants

5858 Westheimer, Suite 820 • Houston, Texas 77057  
713-784-6065 • 713-784-6085 (fax)  
www.heatondds.com

Dear Doctor,

Thank you for the referral of your patient. The following is to facilitate your patient's treatment and get them back to you as soon as possible for further care. Following all consultations, a dictated report will be mailed to you for your records.

Date\_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Referred by Doctor & Office #: \_\_\_\_\_

(Please Evaluate)

Full mouth perio evaluation

Isolated area of periodontal breakdown - please circle

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

**If a tooth or teeth is/are hopeless, shall we discuss implants with the patient?**

Yes     No

Implant, Tooth #'s \_\_\_\_\_

Gingival grafting / contouring, tooth #'s \_\_\_\_\_

Crown lengthening, tooth #'s \_\_\_\_\_

Ridge Regeneration-Augmentation

Areas: \_\_\_\_\_

Is this a possible implant site in the future?     Yes     No

Other: \_\_\_\_\_

If X-rays are enclosed:

Keep

Return

Email to bheaton@heatondds.com

If Patient does not contact us, do you want us to call and set up consultation appointment?     Yes     No

Most Importantly, so we can reinforce it, what is your treatment plan for the patient after our therapy is complete? \_\_\_\_\_

Once again, we thank you for your help and your referral.  
Barry W. Heaton, D.D.S.