UNIVERSITY OF WASHINGTON

Department of Periodontics

Health Science center Building B403
1959 NE Pacific St., Box 357444, Seattle WA 98195
Phone: (206)543-5797 Fax: (206) 616-9553
*Email: uwperio@uw.edu
https://dental.washington.edu/periodontics/

*Please consult our referral email policy

Introducing: ______________________________ DOB: ____________ ☐ Premed Request:

Address: ____________________________________ City: ____________ Zip: _________

Home: ________________ Work: ____________________ Mobile: ____________________

☐ Patient will call ☐ Please call patient for appointment

Referring doctor(s): ____ Date: __________
Ref Doc Address: ______________________________ Ref Doc Tel: ____________________
Ref Doc Email: _______________________________ Ref Doc Fax: ____________________

☐ Comprehensive examination (multiple sites) ☐ Limited Exam

☐ Conscious Sedation Requested ☐ Gingival recession

☐ Perio Disease ☐ Implants ☐ Crown lengthening ☐ Esthetic concerns

Areas of Concern:

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Preferred Implant System: ____

Anticipated Restorative Treatment Plan following completion of Periodontal Therapy:

____

Additional Information:

____

Past Root Planing date: ___________ Past Maintenance Frequency: ____________________

The Graduate Periodontics Clinic is not an Applecare provider but we are happy to see Applecare patients on a self-pay basis.

Radiographs

☐ Radiographs enclosed ☐ Email to orad@uw.edu ☐ Take new radiographs

☐ FMX w/ Bitewings ☐ Bitewings ☐ Periapical(s) ☐ PAN ☐ CT Scan