



Dr. Lisa Ugliodoro DDS, MDS periodontist
Dr Elena Andronova DMD, Endodontist
6800 Greenwood Ave N | Seattle WA 98103
206.686.8800 | www.urbandentalgroup.com

Patient's full name: _____

Primary phone: _____ Email: _____

Referring doctor's name: _____ Phone: _____

X-ray sent to: www.urbandentalgroup.com Y N

Reason for referral: _____

Forms could be filled online at www.urbandentalgroup.com

Periodontal Therapy:

- Comp perio evaluation
- Root coverage/recession
- Gingival graft
- Crown lengthening
- Pocket elimination
- Scaling and root planning
- Oral pathology/biopsy
- Cosmetic gum lift

Implant Therapy:

- Extraction w/ ridge preservation
- Implant
- Sinus lift
- Dentures
- Immediate implant

Endo services:

- Reason for Referral:**
- Evaluate
 - Evaluate/Treat as needed
 - Evaluate for endodontic surgery
 - Definitive endodontic treatment needed
 - Periapical radiolucency present
 - Pulp exposure
 - Tooth previously opened
 - RCT required for proper restoration

- Restorative Instructions:**
- Place post and build-up
 - Leave post space
 - Place Cavit or IRM in access cavity
- Miscellaneous:**
- Call about this case
 - Crown/bridge is cemented
 - Temporarily Permanently
 - Please send additional referral slips

Tooth to be evaluated:

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

Comments/requests: _____

