

Graduate Periodontics Clinic

Referral Request

Referred by: Doctor _____ Facility _____
Phone: _____ Fax _____

Patient Information: Name _____ DOB _____
Address _____ Apt _____
City _____ State _____ Zip _____ Gender _____
Phone _____ Email _____

Language: _____ Interpreter needed: Yes No

Reason for Referral: Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> periodontitis | <input type="checkbox"/> pathology/biopsy |
| <input type="checkbox"/> pocket depths 6mm or greater | <input type="checkbox"/> recession (gum grafting) |
| <input type="checkbox"/> scaling and root planing (deep cleaning) | <input type="checkbox"/> crown lengthening |
| <input type="checkbox"/> implants | <input type="checkbox"/> extractions |
| <input type="checkbox"/> sinus lift/bone grafting | <input type="checkbox"/> canine exposure (ortho) |

Indicate teeth to be extracted with an X and recommended implant sites with a circle.

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

Significant medical history (pre-med, etc.) _____

Does the patient intend to continue restorative treatment in your office? Yes No

Additional notes: _____

Signature of referring provider _____ Date _____

Patients will not be seen without a completed written OSU referral form and a valid government-issued ID. First appointment will be an examination and consultation. Further treatment will depend on exam findings. Exam fee: \$106. Payment is due at time of service. Accepted insurance plans can be found at: <https://dentistry.osu.edu/patients/ohio-state-dental-clinics/methods-payment> Driving directions can be found at <https://dentistry.osu.edu/about-us/directions-parking> Garage parking fees apply. The College of Dentistry does not validate parking. **Email** x-rays to periodonticsclinic@osu.edu. We do not accept faxed x-rays. Current x-rays (<12 months) are required, or we will take new films at patient's expense (\$120)

We currently have a waiting list for new patients. Patients experiencing severe pain or swelling can visit the OSU Emergency Clinic, M-F 7:30 am-12:00 pm on a first-come, first-served basis.
<https://dentistry.osu.edu/patients/dental-emergency-care-clinic>