



Ronald H. Watkins DDS. MS.

The Implant and Periodontal Medicine and Wellness Center of Arizona

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Implant and Periodontal Wellness Referral

Patient Name: _____

Date: _____

Patient Phone: _____

Referring Dentist: _____

Hygienist to Contact: _____

Specific 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

Periodontal Evaluation

Extraction

Biopsy

Perioscopy

Extraction with Ridge Preservation

Bone Regeneration

Gingival Graft

Implant(s)

Periodontal Maintenance

Crown Lengthening

All-on-Four

Peri-Implantitis/ Implant Rescue

Esthetic Crown Lengthening

Root Resorption

Other _____

Radiographs: Take Emailed to AZImplants@gmail.com

Appointment Date & Time: _____

Please visit our website at www.AZImplantSolutions.com to print New Patient Forms