PERIODONTAL Medicine | Surgical SPECIALISTS

George A. Mandelaris | DDS, MS

Bradley S. DeGroot | DDS, MS

Phone: 630.627.3930 Fax: 630.627.2148

Lutheran General Hospital
1875 Dempster St.
Suite 250, Parkside Center
Park Ridge, IL 60068

Oakbrook Terrace Medical Center
1 S. 224 Summit Ave., Suite 205
Oakbrook Terrace, IL 60181

Lincoln Park
1009 W. Webster Ave.
Chicago, IL 60614

Referral Fax - No Cover Sheet Required

From: Dr. _____ **Date:** _____

Referring to:

☐ Dr. Mandelaris
__ Park Ridge
__ Oakbrook Terrace
__ Lincoln Park

☐ Dr. DeGroot
__ Park Ridge
__ Oakbrook Terrace
__ Lincoln Park

☐ First Available

****

Patient Name _____

Home Phone _____ **Cell Phone** _____ **Work Phone** _____

Requires Premedication ☐ **Yes** ☐ **No** **Reason for Pre-Med**_____

REASON FOR REFERRAL

- ☐ **Comprehensive Periodontal Evaluation**
- ☐ **Esthetic Crown Enhancement, Site #** _____
- ☐ **Gingival Recession / Root Coverage; Site #** _____
- ☐ **Oral Medicine / Pathology Consult**
- ☐ **Emergency:** _____
- ☐ **Bone Grafting:** _____
- ☐ **Implant Consultation; Site #** _____
- ☐ **Functional Crown Lengthening; Site #** _____
- ☐ **Interdisciplinary Consult / SFOT**
- ☐ **Cuspid Exposure**
- ☐ **Other:** _____

RADIOGRAPHS

Most recent radiographs taken: _____ **Date:** _____

- ☐ **Radiographs are being mailed**
- ☐ **Radiographs are being emailed to office@periodontalmedicine.org**
- ☐ **Patient is bringing Radiographs**
- ☐ **Please take Radiographs**

CBCT Scan ☐ **Yes** ☐ **No** ☐ **Please take**

Comments: _____

Restorative Treatment Plan: _____

_____