

LEEDS DENTAL INSTITUTE PERIODONTAL REFERRAL PROFORMA

Please select the reason for referral:

- Chronic periodontal disease (BPE scores 4) where appropriate primary care treatment has been unsuccessful
- Aggressive disease, judged by severity of periodontal destruction relative to age or rate of periodontal breakdown
- Need for surgical management (e.g. mucogingival procedures for recession, open flap debridement, regenerative procedures, crown lengthening)
- Increased risk of periodontal disease due to a medical condition (e.g. poorly controlled diabetes, drug induced gingival overgrowth)
- Risk of complications from periodontal treatment (e.g. bleeding disorders, immunocompromised)
- Requirement for complex restorative planning
- Other (provide details).....

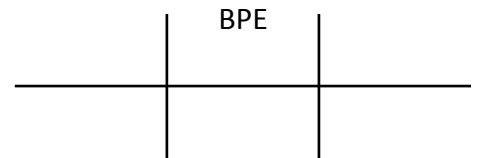
PATIENT DETAILS

Name: _____ Age: _____

Address: _____ Smoking Status: _____

Telephone: _____

Medical History: _____



Reason for Referral: _____

PLEASE CONFIRM THAT THE FOLLOWING TREATMENT HAS BEEN PROVIDED IN PRIMARY CARE

(see referral protocols for guidance, patients who have not had this treatment will not be accepted for treatment in the hospital)

Smoking Cessation Advice (if applicable)

Oral Health Education

Full Mouth Scaling and Subgingival Debridement with Local Anaesthetic

THIS REFERRAL INCLUDES

Relevant Radiographs Periodontal Charts: Pre-treatment Post-treatment

If this information is not included please detail why:

