



# Northern Colorado Periodontics

## ☐ Fort Collins

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Fort Collins, CO 80525  
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## ☐ Greeley

1813 61st Ave, Suite 210  
Greeley, CO 80634  
Ph (970) 351-6166  
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greeley@nocoperio.com

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Pt Phone #: \_\_\_\_\_

Referral to:      Dr. Shumaker      Dr. Allen      Dr. Sands      No Preference/First Available

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**A comprehensive periodontal examination is done on most patients referred for the following (this may include FMX radiographs):**

☐ Periodontal condition/Periodontitis/Deep pocket depths: # \_\_\_\_\_

☐ Gingival recession and/or Lack of attached gingiva: # \_\_\_\_\_

☐ Extractions with ridge preservation: # \_\_\_\_\_

☐ Dental Implants: # \_\_\_\_\_

☐ Including (if applicable): Ridge augmentation, Sinus augmentation: # \_\_\_\_\_

☐ Peri-Implant Defects (Mucositis/Bone loss/Peri-Implantitis) # \_\_\_\_\_

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**A limited periodontal examination is done on most patients referred for the following:**

☐ Crown Lengthening: # \_\_\_\_\_

☐ Oral Pathology/Biopsy: Area: \_\_\_\_\_

☐ Emergency: Area: \_\_\_\_\_

☐ Other (Please describe below in comments section)

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Radiographs Available:   ☐ FMX (18-20 films)   ☐ HBWX   ☐ VBWX   ☐ Pano  
   ☐ CBCT Scan   ☐ Patient carry   ☐ Will send electronically

White - Northern Colorado Periodontics Copy

Yellow - Referring Dentist

Pink - Patient Copy