PROACTIVEPERIO
Periodontics & Implant Dentistry

Dr Christopher Barker
Periodontist

Clear Form

Referring Clinician

Name: ..... PH: .....

Practice: ..... Eml: .....

Patient Details

Patient Name: ..... DOB: .....

Patient Ph: ..... Patient Eml: .....

Treatment Required

Periodontal Therapy

- ☐ Periodontal examination and/or treatment
- ☐ Generalised Periodontitis
- ☐ Localised Periodontitis

Periodontal Surgery

- ☐ Recession or mucogingival lesion
- ☐ Soft tissue augmentation
- ☐ Root coverage
- ☐ Crown lengthening
- ☐ Access surgery
- ☐ Muco Gingival surgery

Implant Dentistry

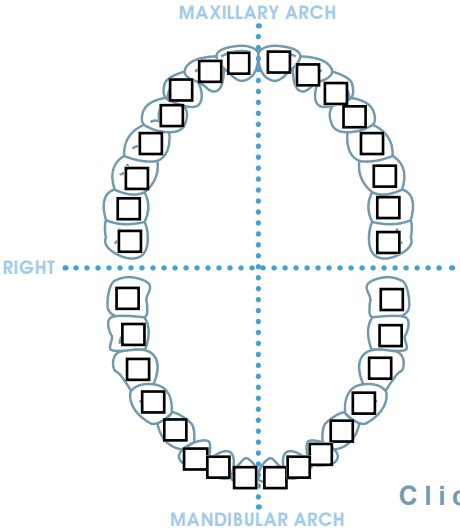
- ☐ Implant placement
- ☐ Bone augmentation/ grafting/ sinus lifting
- ☐ Peri-implantitis

Implant Type:

- ☐ Straumann
- ☐ Dentsply/Astra
- ☐ Neoss
- ☐ Southern
- ☐ Other.....

Position/s .....

Other .....



Patient to obtain and bring

- ☐ OPG
- ☐ PA
- ☐ CONE BEAM / CT

Patient history / Comments / Other Resources

.....

.....

.....

.....

.....

Email to info@proactiveperio.com

Click here to book your Patient's Appointment online now!