



PERIODONTAL TRANSFER RECORD



PATIENTS NAME: _____ BIRTHDATE: ___/___/___

PERIODONTIST OF RECORD: _____

Address: _____

Phone: _____

FACTORS THAT MAY INFLUCENCE VISIT:

(Medical, dental, financial, other) _____

PERTINENT MEDICAL HISTORY: _____

PERTINENT DENTAL HISTORY: _____

PERTINENT PERSONAL INFORMATION:

(Anxiety, financial, other) _____

DATE OF INITIAL VISIT IN OUR OFFICE: ___/___/___ CASE DIAGNOSIS: _____

DATE OF LAST VISIT IN OUR OFFICE: ___/___/___ PRESENT DIAGNOSIS: _____

PRESENT CASE PROGNOSIS: OVERALL - GOOD FAIR POOR

INDIVIDUAL QUESTIONABLE TEETH: _____

TREATMENT RECORD SUMMARY:

- Consultation Only
- Initial Therapy
- Surgical Therapy (Please list procedure(s) and date performed)

| | | | |
|------------------------|--|-------------------------|--|
| Upper Left Quadrent | | Upper Right Quadrent | |
| Lower Left Quadrent | | Lower Right Quadrent | |

- Maintenance Therapy
- Other Treatment Provided (i.e., Occlusal Therapy, Appliances, Biopsies)

MAINTENANCE RECORD SUMMARY:

MAINTENANCE INTERVALS: _____ MONTHS.

MAINTENANCE SEQUENCE:

- Periodontist Only Periodontist and General Dentist (Alternating) General Dentist Only (Periodontist Monitoring)

PATIENT COMPLIANCE: _____

PREVIOUS THRID PARTY RESTRICTIONS: _____

ORAL HYGEINE AIDS RECOMMENDED: _____

RESTORATIVE CARE CONSIDERATIONS:

CARIES INCIDENCE: None Occasional Frequent

RESTORATIVE CARE PLANNED:

(Item and anticipated date) _____

***** SUBMIT THE FOLLOWING WITH THIS TRANSFER RECORD**

- 1. RADIOGRAPHS OR COPIES OF RADIOGRAPHS**
- 2. COPIES OF PERIODONTAL CHARTING(S)**

IMPLANT RECORD SUMMARY:

DATE OF PLACEMENT: ___/___/___ TOOTH POSITION: _____ ABUTMENT TYPE: _____

MANUFACTURER: _____ PART # _____ SIZE: _____ LOT #: _____

DESCRIPTION: _____

(USE BELOW FOR MULTIPLE IMPLANTS)

DATE OF PLACEMENT: ___/___/___ TOOTH POSITION: _____ ABUTMENT TYPE: _____

MANUFACTURER: _____ PART # _____ SIZE: _____ LOT #: _____

DESCRIPTION: _____

DATE OF PLACEMENT: ___/___/___ TOOTH POSITION: _____ ABUTMENT TYPE: _____

MANUFACTURER: _____ PART # _____ SIZE: _____ LOT #: _____

DESCRIPTION: _____

DATE OF PLACEMENT: ___/___/___ TOOTH POSITION: _____ ABUTMENT TYPE: _____

MANUFACTURER: _____ PART # _____ SIZE: _____ LOT #: _____

DESCRIPTION: _____

DATE OF PLACEMENT: ___/___/___ TOOTH POSITION: _____ ABUTMENT TYPE: _____

MANUFACTURER: _____ PART # _____ SIZE: _____ LOT #: _____

DESCRIPTION: _____

DATE OF PLACEMENT: ___/___/___ TOOTH POSITION: _____ ABUTMENT TYPE: _____

MANUFACTURER: _____ PART # _____ SIZE: _____ LOT #: _____

DESCRIPTION: _____

ADDITIONAL INFORMATION:
