



# Dental Implants & Periodontics of Connecticut

---

*Jonah A. Barasz, DMD, MDS*  
BOARD CERTIFIED PERIODONTIST

PATIENT NAME: \_\_\_\_\_

PATIENT'S TELEPHONE #: \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

DOCTOR'S TELEPHONE #: \_\_\_\_\_

**This patient is being referred for evaluation of the following:**

- Complete Periodontal Evaluation
- Limited Evaluation of: \_\_\_\_\_
- Implant Evaluation: \_\_\_\_\_
- Gingival Grafting for Teeth: #'s \_\_\_\_\_
- Crown Lengthening of Teeth: #'s \_\_\_\_\_
- Extraction of Teeth: #'s \_\_\_\_\_
- Guided Tissue Rengeneration: #'s \_\_\_\_\_
- Ridge Augmentation: \_\_\_\_\_
- Cone-Beam CT Scan
- Please call me before proceding with treatment

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Current Radiographs Available: \_\_\_\_ Full Series \_\_\_\_ BWX \_\_\_\_ PAN \_\_\_\_ PA
- EMAILING X-RAYS     PATIENT WILL BRING X-RAYS     MAILING X-RAYS

**PLEASE FAX REFERRAL TO: 203.235.6673 OR EMAIL TO: [info@docfloss.com](mailto:info@docfloss.com)**