



Periodontal Care, P.A.
Healthy Gums, Healthy Heart

Your Trusted Board Certified Periodontal Team

Adam C. McClellan, DDS Cassandra C. McKenzie, DDS
Stephanie M. Shelby, DMD Stanley L. Wint, DDS Amon "Trey" Holt, DDS

DATE OF REFERRAL _____

PATIENT _____

PATIENT PHONE _____ PATIENT DOB _____

REFERRING DOCTOR _____

Fax or Email this form to our office and give the original to the patient (addresses/emails/phone numbers on back)

We will perform a comprehensive periodontal examination on your patient and develop a treatment plan focused on saving their natural teeth.

If you have other requests for your patient, please make note below.

COMMENTS _____

Unless other arrangements have been made, your patient's first appointment in our office will always be for an examination.

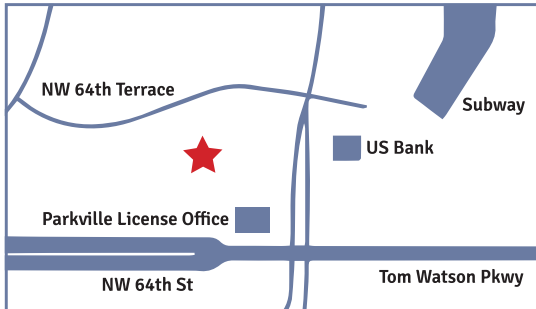
Any procedures will be scheduled for a future date.



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www.PeriodontalCarePA.com

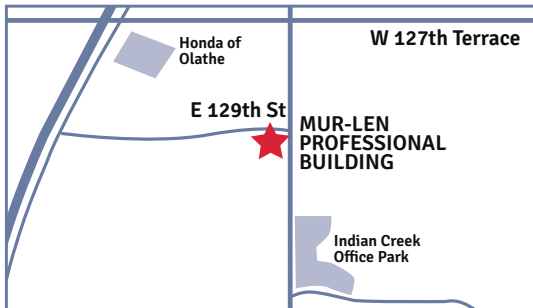


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