



PURE PERIODONTICS AND IMPLANT SPECIALISTS

25250 Northwest FWY
Suite 270
Cypress, Texas

www.pureperiocypress.com

Tamaara Morris, DDS, MS

Office (832) 653-5705

Fax (832) 653-5713

info@pureperiocypress.com

Date of Referral: _____

Introducing: _____

Patient Phone: _____ (H) _____ (W)

Referred By: _____

Dr.'s Phone: _____

COMMENTS (optional): _____

RESTORATIVE THERAPY:

Is Planned

Is Not Indicated

Will Be Planned After
Evaluation

IMPLANT DENTISTRY NEEDED:

Single Implants

Bridge Supported

Denture Retaining

All-on-4 "Teeth in a day"

BONE REGENERATION

Ridge Augmentation

Sinus Lift

Chin Blockgraft

PERIODONTAL EVALUATION FOR:

Gingivitis Periodontitis

Generalized

Localized

Systemic Involvement

Recession

Crown Lengthening

Frenectomy

Biopsy

Gingival Contouring

Other: _____

SOFT TISSUE ENHANCEMENT:

Esthetic Gingival Contouring

Tissue Reduction for Access

Gingival Enhancement

RADIOGRAPHS:

CT Scan (Date Taken: _____)

FMX (Date Taken: _____)

BW (Date Taken: _____)

Panorex (Date Taken: _____)

Please Take Needed Radiographs

PAX (Date Taken: _____)

EXTRACTIONS #:

Socket Preservation procedure
at time of extractor

Please contact me with your recommendations.