Charu S. Chandra, D.M.D., M.D.S.

Practice limited to periodontics and implant dentistry

222 S. Clay Street, Suite 102
Zelienople, PA 16063

Phone: (724) 453-0234
Fax: (724) 453-0313

Patient

First name: Last name:
Work phone: Cell phone:
Home phone: Email:

I am referring this patient for:

☐ Complete periodontal evaluation
☐ Dental implants
☐ Limited periodontal evaluation
☐ Periodontal Cosmetic evaluation
☐ Emergency
☐ Other ________________________________
☐ Crown lengthening
☐ Bone regeneration
☐ Recession / grafting
☐ Frenum
☐ Orthodontic surgical exposure

Areas of Concern (check all that apply)

1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
☐	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐	☐		☐	☐	☐	☐	☐	☐	☐	☐
32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17

Periodontal Treatment Completed

Root planning and scaling ☐ UR ☐ UL ☐ LL ☐ LR ☐ All Date Done:
☐ Frequent periodontal maintenance every months

Radiographs: FMX BWX PA's Pan

☐ Are being forwarded to you ☐ Are accompanying patient
☐ Are available in our office ☐ Take films as needed

Restorative Recommendations / Comments:

Doctor's Name: Date:

Signed: ________________________________