



Natalie Yam, DDS, MMSc
Practice limited to Periodontics & Implant Dentistry
Specialty permit #07357

290 Madison Avenue, Ste 1 Morristown, NJ 07960
p.973.538.5338 f.973.538.5343
morristownoms@gmail.com

Periodontics Referral Card

Patient Name: _____

PERIODONTAL CONCERNS:

- ☐ Complete Periodontal Examination
- ☐ Limited Periodontal Examination: # _____
- ☐ Pocket Reduction: # _____ | Distal Wedge: # _____
- ☐ Periodontal Regeneration: # _____
- ☐ Extraction & Ridge Preservation: # _____
- ☐ Functional Crown Lengthening: # _____
- ☐ Mucogingival: Root Coverage: # _____ | Gain in attached gingiva: # _____
- ☐ Laser-Assisted Regeneration
- ☐ Splint: # _____

RECONSTRUCTIONS:

- ☐ Bone augmentation: # _____
- ☐ Sinus Lift: # _____
- ☐ Vestibuloplasty: # _____
- ☐ Dental Implant: # _____

PERI-IMPLANTITIS: # _____

ESTHETIC CONCERNS:

- ☐ Frenectomy: ☐ Max ☐ Mand | ☐ Buccal ☐ Lingual
- ☐ Esthetic Crown Lengthening: # _____
- ☐ Gingivectomy: # _____

BIOPSY: # _____

SEDATION: ☐ Yes ☐ No

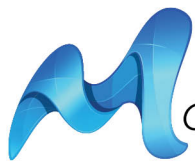
HYGIENE/ PERIO MAINTAINENCE:

- ☐ Periodontist ☐ Alternating ☐ Referring Dentist
- Last SRP: _____

RADIOGRAPHS: ☐ CBCT ☐ FMX ☐ PA | Please send all recent radiographs

ADDDITIONAL COMMENTS: _____

Referring Dr. _____ Date _____



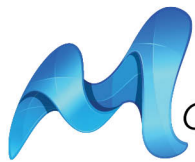
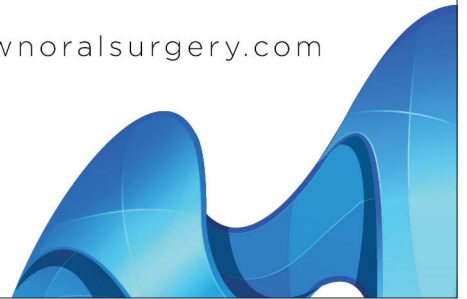
Morristown

Oral Surgery & Implantology Associates

Juan De Leòn
Office Manager

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