



Pitt Dental Medicine
Periodontic Resident Services
3501 Terrace Street
Pittsburgh, PA 15261-4024
412-648-8595

Please return your completed form to the Department of Periodontics and Preventive Dentistry

Fax: 412-648-8594

E-mail: KWH2@pitt.edu

Periodontic Resident Services Treatment Referral Form

(to be completed only by referring dentist and sent directly by referring office)

Patient Information

Patient Name

Date of Birth Phone

Referring Dentist

Name of referring dentist

Phone

Name of practice

Address

Information relative to treatment

Recent/relative dental history pertaining to chief complaint

Previous SRP: Yes No Date

If Yes, unresolved PD: Yes No

Additional comments or instructions on proposed dental treatment

Date

Area/Tooth of concern
Localized Periodontitis Generalized Periodontitis
Bone Loss Yes No <15% 15-33% >33%
Probing Depth <=4mm <=5mm <=6mm

Please check treatment requested and identify plan for comprehensive care

- Address chief complaint & treat as necessary
Evaluate for periodontal treatment
Evaluate for implant therapy
Crown elongation
Soft tissue grafting
Impacted tooth exposure
Gingivectomy
Frenectomy/supracrestal fiberotomy
Extraction Teeth:
Bone grafting
Peri-implantitis
Other:

- Patient needs restorative dentistry?
Patient has a restorative treatment plan?
Please provide details:
All restorative other than periodontal therapy will be addressed in the referring practice
Patient is to remain at Pitt Dental Medicine for all remaining dental care.
Patient is to alternate for periodontic maintenance

- Checklist
Completed Referral Form
Digital radiograph uploaded at https://tinyurl.com/uploadxrays
Periodontal charting
Patients with an incomplete referral form and no digital radiographs will be referred to Pitt Dental Medicine Comprehensive Care to begin their treatment.