



NORTHERN VIRGINIA PERIODONTICS

A. Garrett Gouldin, D.D.S., M.S., P.C.
Francisco T. Carlos, D.M.D., M.S.D., P.C.
Vishal Gohel, D.M.D., M.S.
Diplomates of the American Board of Periodontology

FALLS CHURCH (703) 534-1766 ALEXANDRIA (703) 683-0117

DATE: _____

PATIENT NAME: _____ PHONE NUMBER: _____

REFERRED TO: Dr. Gouldin Dr. Carlos Dr. Gohel First available

REASON FOR REFERRAL:

Dental implant evaluation: Localized #(s) _____ Full arch: __maxillary __mandibular
•System preference: Zimmer Biomet 3i BioHorizons Straumann Southern

Existing implant evaluation: #(s) _____ (Peri-implantitis, Peri-implant mucositis)

Periodontal evaluation: Comprehensive Localized #(s) _____
 Crown lengthening #(s) _____ Extraction #(s) _____

Soft tissue evaluation: Recession #(s) _____ Other: _____
 Lack of keratinized/attached gingiva #(s) _____

Esthetic evaluation: Gummy smile Gingival asymmetry #(s) _____
 Other: _____

Orthodontic evaluation: T.A.D. placement sites _____ P.A.O.O./S.F.O.T. (Wilkodontics)
 Expose crown/bond bracket #(s) _____ M.A.R.P.E.

Oral pathology evaluation: _____

RADIOGRAPHS:

We are sending radiographs Patient is bringing radiographs No recent radiographs available

APPOINTMENT STATUS:

Made by our office Your office to call patient Patient will call

COMMUNICATION:

Please call me regarding this patient before your evaluation. after your evaluation.
 No need to call - written correspondence will suffice.

SPECIAL INSTRUCTIONS / DETAILS:

Please send additional referral forms. REFERRED BY DR. _____

Dental Implants • Minimally Invasive Periodontics • Laser Periodontal Therapy