



## IMPLANT & PERIODONTAL DENTISTRY

TONY DACY, DDS, MS

MITCHELL PONSFORD, DMD, MS

Referred by Dr. \_\_\_\_\_ Date \_\_\_\_\_  
Patient's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

### Appointment Status:

- ☐ An appointment was made by our office: Date \_\_\_\_\_ Time \_\_\_\_\_  
☐ Your office to call patient ☐ Patient will call

### Reason for referral:

- |                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> implant    | <input type="checkbox"/> periodontal disease        | <input type="checkbox"/> frenum         |
| <input type="checkbox"/> sinus lift | <input type="checkbox"/> bone grafting              | <input type="checkbox"/> oral pathology |
| <input type="checkbox"/> recession  | <input type="checkbox"/> mucogingival defect        | <input type="checkbox"/> other _____    |
| <input type="checkbox"/> extraction | <input type="checkbox"/> exposure of impacted tooth | _____                                   |

### I am sending:

- ☐ FMX ☐ BWX ☐ PAX ☐ PAN ☐ CBCT

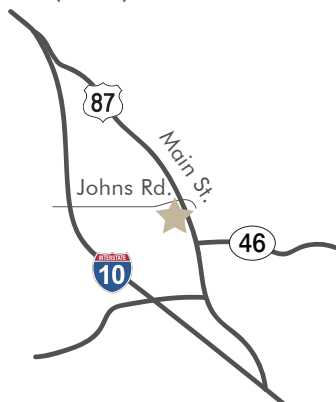
### Please call:

- ☐ Before patient consult ☐ After consultation  
☐ No call necessary (A diagnostic summary will be sent following initial evaluation)

Comments/Restorative Tx Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BOERNE

248 N. Main St. | Boerne, TX 78006  
(830) 816-5102



### KERRVILLE

717 Barnett St. | Kerrville, TX 78028  
(830) 896-6964



☐ Please send additional referral forms

☐ Business cards