

**GLENN S. LUDWIG, D.M.D., P.C.**  
PERIODONTICS & IMPLANTOLOGY  
*Diplomate of the American Board of Periodontology*

Date \_\_\_\_\_

PATIENT'S AGE \_\_\_\_\_

PATIENT'S TEL. # \_\_\_\_\_

I AM REFERRING \_\_\_\_\_ TO YOU FOR

- CONSULTATION
- FULL PERIODONTAL EXAMINATION
- A SPECIFIC PROBLEM (DETAILS BELOW)

THESE FACTORS WILL ASSIST YOU IN BECOMING ACQUAINTED WITH THE PATIENT: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE NOTE THE FOLLOWING SPECIFIC PROBLEMS/TEETH/AREA/ABUTMENTS, ETC.:

R	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	L
	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	

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OTHER COMMENTS: \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

SIGNED DR. \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL. # \_\_\_\_\_

PLEASE FORWARD ALL APPLICABLE RADIOGRAPHS WITH THIS FORM.