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*Diplomate of the American Board of Periodontology
Practice Limited To Periodontics and Implants*

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Date of Referral _____ **Referred by Dr.** _____

This will introduce my patient _____

Phone number _____ **work** _____ **cell/home**

Reason for Referral (ie Soft Tissue Graft/recession. Complete Exam, Implant Evaluation, Extraction, Bone Grafting, Ridge Augmentation and Laser Periodontal Therapy)

Pertinent Information (was initial therapy completed; what is the restorative treatment plan that would impact the perio tx?)

Medical Consideration? (Premed /Coumadin Therapy? Is pt on Bisphosphonates)

Status of Full Mouth X-rays (within past 2-3 years)

please take & send copy x-rays enclosed/or emailed copy given to pt
 none provided