



SCOTTSDALE
IMPLANTS & PERIODONTICS
BIOLOGICAL • LASER • WELLNESS CENTER



REFERRING PROVIDER

Referring Provider _____

Office Name _____

Phone _____

Email _____

PATIENT INFORMATION

Patient Name _____

DOB _____

Phone _____

Email _____

REASON FOR REFERRAL

(please check all that apply)



PERIODONTAL

- ☐ Comprehensive Evaluation
- ☐ Limited Evaluation
- ☐ LANAP® Consultation
- ☐ Mucogingival / Grafting
- ☐ Crown Lengthening



IMPLANT

- ☐ Single Implant
- ☐ Multiple Implants
- ☐ Full Arch Consultation
- ☐ Ridge Augmentation
- ☐ Sinus Augmentation



WELLNESS / LASER

- ☐ Sleep & Snoring Consultation
- ☐ Laser Therapy
- ☐ Regenerative Consultation
- ☐ Other _____

AREAS OF CONCERN

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

CLINICAL NOTES / SPECIAL INSTRUCTIONS

FOR REFERRING OFFICES

1. Open in Adobe Reader or Preview and complete this form.
 2. Save a copy named for your patient (e.g., Referral-Smith.pdf) BEFORE clearing.
 3. Email the saved PDF to team@scottsdaleperio.com and to your patient.
- Use Clear Form to reset for the next patient. Page 2 introduces Dr. Haskell with short videos.

WHY REFER TO US?



LANAP® CERTIFIED LASER THERAPY

Minimally invasive treatment for periodontal disease with less discomfort and faster recovery.



**WATCH: GUM DISEASE
& LANAP EXPLAINED**



DENTAL IMPLANTS

Single to full-arch solutions with advanced planning and predictable results.



**WATCH: KARL'S
IMPLANT STORY**



REGENERATIVE & BIOLOGIC APPROACHES

Focused on rebuilding and preserving natural bone and soft tissue.



SLEEP & SNORE SOLUTIONS

Screening and treatment for sleep-disordered breathing and snoring.



**WATCH: SLEEP &
SNORING THERAPY**



ADVANCED LASER TECHNOLOGY

State-of-the-art laser therapies for improved outcomes and patient comfort.



COLLABORATIVE CARE

We partner with you to provide exceptional care for your patients.

*Your partner in
health, function & confidence.*



GET DIRECTIONS



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