

Ward | Periodontics Implant Dentistry

Audra Ward, D.M.D., M.S.
12701 Metcalf Avenue Ste 200
Overland Park, KS 66213
Phone: (913) 563-7400 Fax: (913) 563-7402
www.wardperio.com

Please allow me to introduce my patient for periodontal evaluation.

Date: _____ Patient's Name: _____

Patient's Contact Information:

Home: (____) _____ Work/Cell: (____) _____

My findings indicate a need for:

- Periodontal Consult Emergency Care Implant Consult
 Other _____ **Tooth #** _____

Radiographs: Have been mailed Have been sent with patient

- May be taken in your office and a copy sent for our records
 May be emailed

Date radiographs taken: _____

Comments: _____

- We have scheduled an appointment with your office on _____ at _____ AM/PM
 We have requested our patient contact your office at their earliest convenience.

Referring Doctor (Please Print)

Phone Number



Active Member
American Academy of Periodontology

Diplomate of The American Board of Periodontology,
a recognized specialty of the American Dental Association.

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