MV PCC
Periodontics and Dental Implants

MARYANNE B. BUTLER DDS, MS
AMY M. RIFFEL DDS, MS

Patient: _____ Phone: _____

X-rays:

- ☐ Email this referral slip and most recent FMX/BMX/PAs
  Date Taken: _____
- ☐ Please take FMX/Pano and send to our office with follow up letter

Please evaluate for the following:

- ☐ Pain and/or Swelling
- ☐ Bone Loss
- ☐ Pre-prosthetic Surgery
- ☐ Crown Lengthening
- ☐ Extraction
- ☐ IV Sedation
- ☐ Recession
- ☐ Biopsy
- ☐ Ridge Augmentation
- ☐ Dental Implant
- ☐ Sinus Elevation
- ☐ Laser Surgery
- ☐ Other _____

Describe area to be evaluated:

_____

_____

_____

Referred by Dr. _____

Phone: _____ Date: _____

Referral Preference:

- ☐ Maryanne B. Butler DDS, MS
- ☐ Amy M. Riffel DDS, MS
- ☐ 1st Available

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to visit our website for more information!

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