Dr. KAREN ELIZABETH LANIER
PERIODONTICS
IMPLANTS AND COSMETIC SURGERY

KAREN E. LANIER, DDS, MS

Periodontics • Implants • Cosmetic Surgery • Laser

www.triadperio.com

Date: _____ Referring Dr: _____

Office Telephone: _____

Office Email: _____

Office Contact: _____

Introducing:

Patient Name: _____

Patient Telephone:
☐ (hm) _____
☐ (cell) _____
☐ (work) _____

Radiographs:
☐ fmx ☐ will be sent
☐ pa ☐ carried with patient
☐ pan ☐ Original ☐ Duplicate
☐ CBCT ☐ need to be taken

Please Evaluate:

☐ Generalized periodontal disease _____
☐ Localized periodontal problem of _____
☐ Implant consultation _____
☐ Crown lengthening of _____
☐ Gingival recession / mucogingival concern of _____
☐ Extraction with ridge preservation _____
☐ Other _____

Restoration Plan: _____

_____

Comments: _____

_____

PLEASE FAX OR EMAIL REFERRAL TO:

336-889-6898 or officemanager@triadperio.com

Or mail if you prefer to:

203 Boulevard St.
High Point, NC 27262
336-889-5466

241 E. Center St.
Lexington, NC 27292
336-224-1665