

SARA A. BENDER, D.D.S., M.S.  
PERIODONTICS & DENTAL IMPLANTS



3550 PARKWOOD BLVD., BUILDING C, STE., 308 FRISCO, TX 75034 972-668-3310 FAX 972-668-6311

Date: \_\_\_\_\_

Introducing: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for referral:

- Limited Periodontal Evaluation
- Complete Periodontal Evaluation
- Crown Lengthening
- Soft Tissue Grafting
- Frenectomy
- Tooth Exposure
- Implant Evaluation
- Bone Grafting
- Other: \_\_\_\_\_  
\_\_\_\_\_

Area/Tooth of Concern: \_\_\_\_\_

- Initial Therapy Completed (date): \_\_\_\_\_
- Radiographs sent: \_\_\_ FMX \_\_\_ PANO \_\_\_ Other: \_\_\_\_\_

\*\*We accept digital radiographs at: **[drbender@benderperiodontics.com](mailto:drbender@benderperiodontics.com)**

Restorative Plans: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Referred By: Dr. \_\_\_\_\_ Phone: \_\_\_\_\_