

# Alper

Periodontics & Implants



Joel B. Alper, D.M.D.

946 Main Street  
Melrose, MA 02176  
tel: 781.665.4446  
fax: 781.665.8151  
web: [www.alperperio.com](http://www.alperperio.com)  
e: [info@alperperio.com](mailto:info@alperperio.com)

Referring Doctor: \_\_\_\_\_

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

Date of Referral: \_\_\_\_\_

### Available Radiographs:

- Full Mouth Series     Panorex     Bitewings     Periapicals     CB-CT  
 Mailed     Emailed     Patient Will Bring     Mailed CB-CT CD  
 Needs Radiographs: \_\_\_\_\_

### Please Provide:

- A complete periodontal evaluation  
 A specific periodontal evaluation - Area(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

An implant evaluation: \_\_\_\_\_

\_\_\_\_\_  
 Cone Beam Scan: \_\_\_\_\_

Panorex: \_\_\_\_\_

Please Place:  3i Certain     Nobel Biocare     Other: \_\_\_\_\_

Straumann     Zimmer

*Additional Comments and/or Prosthetic Considerations*

\_\_\_\_\_  
\_\_\_\_\_

- Please contact me when patient is seen  
 Please contact me routinely after initial therapy