West Springfield Periodontics
Richard N. Leaderman, DDS, PC

Practice limited to Periodontics, Oral Diagnosis and Dental Implants.
Diplomat, International Congress of Implant Dentistry since 1993

A healthy smile leads to a more confident you

Date ________________________

Referring doctor ________________________ (Doctor name)

I am referring ________________________ for:
(Patient name)

Evaluation and Treatment

(Check all that apply)

☐ Periodontal
  ☐ Localized area ________________________
  ☐ Full mouth evaluation

☐ Dental Implants
  ☐ Evaluation & treatment - tooth #’s _________
  ☐ Transitional/mini-implant evaluation - tooth #’s _________

☐ 3-D Cone Beam Dental Scan

☐ Snoring and Sleep Apnea

☐ TMJ

☐ Oral diagnosis

Remarks:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

For the long-term care of our patients the Astra Tech Implant System™ is the system of choice for our practice

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