PERIODONTICS & IMPLANTOLOGY
PERIODONTICS OF GREENVILLE

Dr. Eric Hamrick
Dr. Ryan Voelkert
Dr. William Bohlen
Dr. Trenton Jensen

Patient Name: _____

Phone Number: (H)_____ **(W)**_____

(C)_____

Patient Address: _____

_____

Referring Doctor: _____

Appointment Date / Time: _____

First Available Doctor / Doctor Preference_____

Reason for Referral: (check) **Tooth # / Area**

- ❑ Implants _____
- ❑ Periodontal Evaluation _____
- ❑ Laser Assisted New Attachment Procedure (LANAP) _____
- ❑ Recession _____
- ❑ Crown Lengthening _____
- ❑ Pathology _____
- ❑ Orthodontics: (Frenectomy, Fiberotomy, Tooth Exposure) _____
- ❑ Wilckodontics _____
- ❑ TMJ / Facial Pain _____
- ❑ Other _____

Radiographs:

- ❑ Please take
- ❑ Will Send / Patient to Bring:
  - ❑ FMX ❑ Panorex ❑ Periapical ❑ CT Scan

Please email x-rays to info@periogreenville.com

One Charis Drive | Greenville, SC 29615 | 864-271-4330
310 Mills Avenue | Suite 106 | Greenville, SC 29605 | 864-232-7348