

# DR. CHRISTOPHER M. BINGHAM, DDS, MS

**DIPLOMATE, AMERICAN BOARD OF PERIODONTOLOGY**

711 W. 38th Street, Ste G5, Austin, TX, 78705

PH: 512-453-1600 | FAX: 512-453-1503

smile@counciloakperio.com | counciloakperio.com



**Council Oak Perio**  
Dental Implants & Periodontics

## NEW PATIENT REFERRAL

### PATIENT INFORMATION

Patient's Name \_\_\_\_\_

Patient's Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Language  English  Spanish  Other

Referring Office \_\_\_\_\_

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

### BACKGROUND (Chief complaint, patient history)

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

### REASON FOR REFERRAL

Comprehensive Perio Eval

Limited Perio Eval     UR     LR     UL     LL

Extraction/Ridge Preservation # \_\_\_\_\_

Implant Evaluation # \_\_\_\_\_

Recession/Gum Graft/Frenectomy # \_\_\_\_\_

Crown Lengthening/Esthetic Recontouring # \_\_\_\_\_

Oral Pathology / Biopsy # \_\_\_\_\_

Accelerated Ortho/PAOO     Braces     Invisalign®

Other \_\_\_\_\_

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

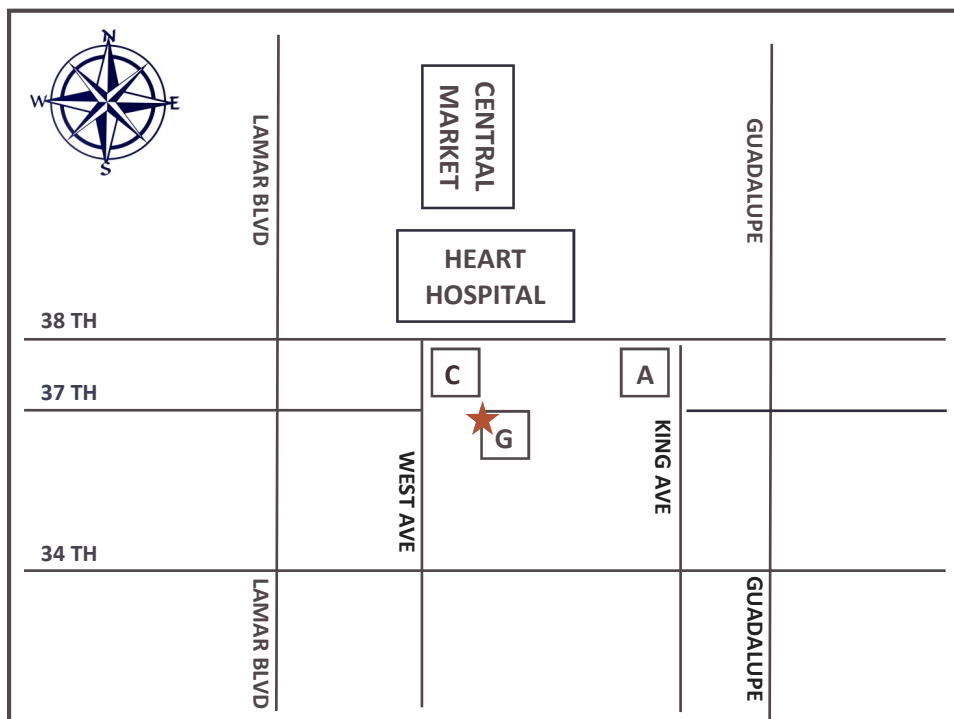
**Please send radiographs and a copy of this referral to our secure email - smile@counciloakperio.com**



## OUR LOCATION:

711 W. 38th Street, Ste G5, Austin, TX, 78705 in the Medical Science Center

PHONE: 512-453-1600



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SCAN FOR DIRECTIONS