

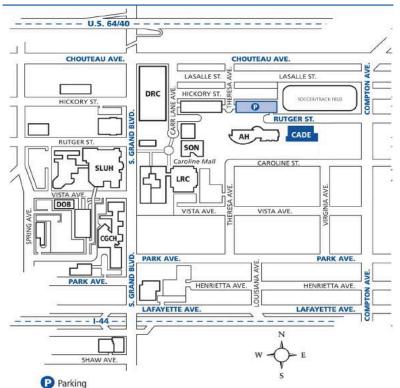
SAINT LOUIS UNIVERSITY

Center for Advanced Dental Education 3320 Rutger Street, St. Louis, MO 63104

Phone: (314) 977-8381 Fax: (314) 977-8383

Patient information First name: Last name: DOB: Phone: Last appointment date:	Please send the following X-rays, if available -FMX or Pano within 5 years -BWs within 1 year -Please include date taken -Please email x-rays to endoref@health.slu.edu	Referring doctor information Referred by: Phone: Email: Address:
	▶ Do X-rays need to be taken? ☐ Yes	□ No
Patient referred for the following reasons ☐ Periodontal evaluation (full / limited) ☐ Implant evaluation / placement -Tooth #Preferred implant system	☐ Expose and bond☐ Frenectomy☐ Guided tissue regeneratio☐ Peri-implantitis☐ Crown lengthening (pre-p	
□ Recession or gum grafting□ Bone grafting / ridge augmentation for implants□ Biopsy	esthetic)	
Periodontal treatment history	ssible extractions ?	
 □ None □ SRP (UL, UR, LL, LR) □ Prophy □ Other □ Date 	-Have you advised the patient of the possi -If yes, which tooth numbers?	
Is there any restorative dentistry that needs to provide details.	-	

Please send a copy of this form with the patient and email a copy to endoref@health.slu.edu. We greatly appreciate your referral!



CADE Center for Advanced Dental Education

- -Our clinic (CADE) is located in Dreiling-Marshall Hall, which is the building across from the track.
- -You will receive a parking ticket when you enter the garage. Please bring that with you to be validated at your appointment.
- -Once in the building, walk past the orthodontic clinic and follow the signs for the Periodontics/Endodontics clinic.



Scan this code with your camera for directions.