



Southern Colorado Periodontics & Implants
Justin Tullis DDS, MS
719-475-9023

Patient's Name: _____ **Phone:** _____

Referred by: _____ **Date:** _____

Reason for Referral:

- Comprehensive Perio Evaluation
- Dental Implants:
 - Site preparation/Sinus augmentation # _____
 - Implant placement # _____
 - Peri-Implantitis # _____
- Soft Tissue Augmentation _____
- Extractions/oral surgery _____
- Biopsy _____
- Crown Lengthening _____
- Limited Evaluation. Area of concern: _____

Additional Comments/Requests: _____

Previous Periodontal Therapy Completed:

- _____ Date completed: _____

Please send most recent radiographs. An FMX is preferred for most periodontal evaluations

EMAIL: admin@socoperio.com



***New Address* 9475 Briar Village Point, Suite 300, Colorado Springs, CO. 80920**