



**STEVEN M. DAVIS, DDS, MSc, MS**  
**UPPER PENINSULA PERIODONTICS, PC**  
801 North Third Street | Marquette, Michigan 49855  
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Office / Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Introducing: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Radiographs Included: \_\_\_\_\_ Please take radiographs: \_\_\_\_\_

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Referral for:

- |  |  |
|--|--|
| <input type="checkbox"/> Comprehensive Periodontal Evaluation: _____ | <input type="checkbox"/> Frenectomy: _____                                     |
| <input type="checkbox"/> Gingivitis: _____                           | <input type="checkbox"/> Bruxism: _____  |
| <input type="checkbox"/> Periodontitis: _____                        | <input type="checkbox"/> Trauma from Occlusion: _____                          |
| <input type="checkbox"/> Periodontal Surgery: _____                  | <input type="checkbox"/> Ridge Deficiency: _____                               |
| <input type="checkbox"/> Mucogingival defect / Recession: _____      | <input type="checkbox"/> Crown lengthening / Inadequate Tooth Structure: _____ |
| <input type="checkbox"/> Implant: _____                              | <input type="checkbox"/> Malocclusion: _____                                   |
| <input type="checkbox"/> Peri-implantitis: _____                     | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Peri-implant mucositis: _____               | _____  |
| <input type="checkbox"/> Oral Lesion: _____                          | _____  |
| <input type="checkbox"/> Gingivectomy: _____                         | _____  |
| <input type="checkbox"/> Tooth exposure: _____                       | _____  |

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Comments:

Appointment information: \_\_\_\_\_ @ \_\_\_\_\_ AM / PM

Please bring a list of your current medications and your insurance card to your specialist appointment.

Please make every effort to keep your scheduled appointment

If needed, please call (906) 228-6830 in advance to reschedule your reserved time.

No show appointments are a failure to others in need to receive quality and possibly urgent care in a timely manner.

