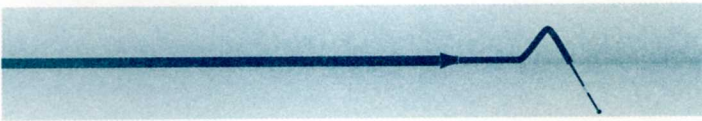


WILLIAM H. STALKER D.D.S., M.S.



PERIODONTICS & IMPLANTS

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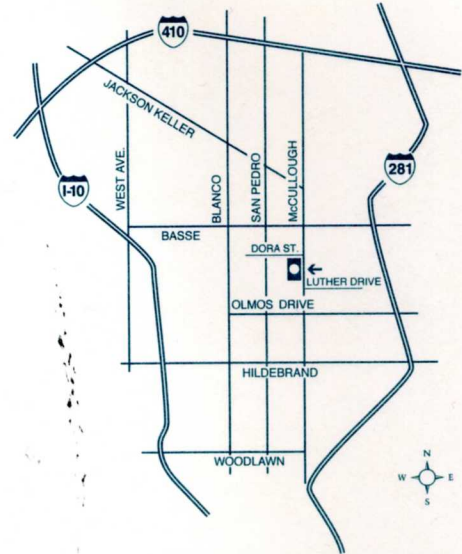
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email: wstalk@sbcglobal.net

FOLD HERE



PERIODONTAL REFERRAL

FROM DOCTOR: _____ DATE: _____

INTRODUCING: _____ for periodontal examination
and consultation.

PATIENT'S PHONE: Home _____ Work _____

REQUEST: Complete examination with special attention to: _____
 If implants are used my preference is: _____
 Limited examination of: _____

RADIOGRAPHS:: Take Radiographs as needed and send duplicates
 Keep the enclosed radio graphs for your records
 Return the radiographs
 Other _____

PRELIMINARY PERIODONTAL TREATMENT that has been performed at my office:

- Periodontal Screening Exam
- Scaling and Prophylaxis
- Subgingival Scaling and Root Planning
- Maintenance Therapy
- Other _____

COMMENTS: