



Community Dental Care
OF CLAREMONT

1 Tremont Street | Claremont, NH 03743 | Phone: (603)287-1300
Fax: (603)287-1303 | Email: cdccinfo@comcast.net
www.communitydentalcareclaremont.org

Patient Referral/Treatment Request for Dr. Meggan Wehmeyer (periodontist)

Date: _____

Patient Information

Patient Name: _____

Parent/Guardian: _____

DOB: _____

Patient Contact #: _____

- Please call patient
- Patient will call
- Evaluate and treat as indicated
- Requesting an OPINION only (no treatment)

Referring Provider Information

Name: _____

Phone: _____

Address: _____

Email: _____

- X-rays included
- Photos included

Reason for Referral (indicate tooth #):

- Frenectomy (Sites: _____)
- Periodontitis (localized: ____/generalized)
- Crown lengthening (Site: _____)
- Lesion evaluation (please note below)
- Soft tissue grafting (Site: _____)

- Hard tissue grafting/augmentation (Site: _____)
- Gingivectomy (Site: _____)
- Implant placement (Site: _____)
- Evaluation only (please note below)
- Other (please note): _____

Relevant Medical History:

Patient expectations:

Other Instructions: