



GREAT PLAINS
DENTAL
SPECIALISTS P.C.
Periodontics

Robert D. Cline, Jr., D.D.S.

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Patient Name: _____ DOB: _____

Insurance Provider: _____ Policy #: _____

Phone (H): _____ (C) _____ (W) _____

Referring Doctor: _____ Date: _____

TOOTH
TO BE
EVALUATED

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
R															L
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

REASON FOR REFERRAL

☐ Sensitivity

☐ Swelling Present

☐ Sinus Tract Present

☐ Crown Lengthening

☐ Gingivectomy

☐ Dental Implant(s)

☐ Soft Tissue Grafting

☐ Bone Grafting

☐ Sinus Augmentation

☐ Periodontal Disease

RADIOGRAPHS

☐ Emailed ☐ Mailed ☐ Given to Patient

RESTORATIVE TREATMENT PLAN

MISCELLANEOUS

☐ Please Call Me About This Case

☐ Please Send Additional Referral Form

SPECIAL INSTRUCTIONS

INSTRUCTIONS FOR PATIENTS

If you have dental insurance, please bring your insurance card to your appointment. Fees are payable at the time of treatment. All minors must be accompanied by a parent or legal guardian.



Burt St

North 90th St

Underwood Ave

90th St Frontage Rd

N 89th Plaza

N 88th Plaza

N 87th St

Webster Plaza

N 91st Plaza

Embassy Row

N 92nd Ct

California St

W Dodge Rd • HWY 6

American
National
Bank