



GREAT PLAINS DENTAL

SPECIALISTS P.C.
Periodontics ■ Endodontics

Michael S. Hermesen D.D.S.
Robert D. Cline, Jr., D.D.S.

1005 E. 23rd Street, Suite 202
Fremont, NE 68025
p. 402.721.9926
f. 402.721.9268
e. info@greatplainsperio.com

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

☐ Spontaneous Pain

☐ Carious Pulp Exposure

☐ Periapical Radiolucency Present

☐ Swelling Present

☐ Sinus Tract Present

☐ Endodontics Treatment

Required for Proper Restoration

☐ Endodontic Retreatment

☐ Endodontic Surgery

☐ Crown Lengthening

☐ Gingivectomy

☐ Dental Implant(s)

☐ Soft Tissue Grafting

☐ Bone Grafting

☐ Sinus Augmentation

☐ Periodontal Disease

RADIOGRAPHS

☐ Emailed ☐ Mailed ☐ Given to Patient

RESTORATIVE TREATMENT PLAN

☐ Place Temporary Restoration Only

☐ Leave Post Space

☐ Place Final Restoration in Access Cavity

MISCELLANEOUS

☐ Please Call Me About This Case

☐ Crown/Bridge is Cemented

_____ Temporary _____ Permanently

☐ 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.



Broad St • HWY 77

Fremont
Area
Medical
Center

Clarkson St

Located in
First State Bank Building
Please use
Trust & Investment
Education Center
entrance & proceed to
2nd floor



Bell St

23rd St

HWY 275