

## **Preferred radiographs for patients referred to**

### **Fox River Periodontics**

*Please include full dates for all radiographic Images sent*

#### **Periodontal Exam**

- Full Mouth Series with BW's - vertical BW's preferred (within last 3 years)

#### **Implants**

- Periapical with Panoramic if available (within last 3 years)

#### **Gingival Recession**

- Panoramic or Full Mouth Series (within last 3 years)

#### **Crown Lengthening**

- Periapical

#### **Ridge Augmentation**

- Periapical with Panoramic or Full Mouth Series if available (within last 3 years)

#### **Frenectomy**

- Panoramic if available (within last 3 years)

*We thank you and appreciate your referrals*

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