MODERN PERIODONTICS

Great Health Starts with Your Smile

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Diplomates of the American Board of Periodontology

Name: _____ Date: _____

Please call patient to schedule Y N Phone: _____

Appointment Date: _____

X-Ray Available: _____

Referring Doctor: _____ Phone: _____

PERIODONTAL THERAPY

- ❑ Complete Periodontal Exam & Treatment
- ❑ Limited Exam & Treatment (Teeth #_____)
- ❑ Crown Lengthening (Teeth #_____)
- ❑ Minimally Invasive Laser Periodontal Therapy (via LANAP™)
- ❑ Soft Tissue Grafting
- ❑ Periodontal Bone Grafting
- ❑ Other:_____

IMPLANT DENTISTRY

- ❑ Dental Implants (Sites:_____)
- ❑ Sinus Grafting/Augmentation
- ❑ Ridge Augmentation
- ❑ Other:_____

ORTHODONTIC SERVICES

- ❑ Pre-Orthodontic Gingival Grafting
- ❑ Accelerated Osteogenic Orthodontics
- ❑ Uneven Gingival Margins
- ❑ Cuspid Exposure
- ❑ Forced Eruption
- ❑ Gingival Overgrowth

OTHER SERVICES

- ❑ Extractions (Teeth #'s _____)
- ❑ Pre-Prosthetic (Tori Removal/Alveoloplasty)
- ❑ IV or Oral Sedation
- ❑ Other: _____

Special Instructions or Comments: _____

_____

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