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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