





Introducing: _____ Date: _____

Home Phone #: _____ Work Phone #: _____

Referred by Dr. _____ Phone #: _____ Fax #: _____

Please call patient for appointment Patient will call to schedule appointment

PLEASE EVALUATE FOR:

- Complete periodontal examination, diagnosis and treatment plan.
 Localized area: _____ Mucogingival problem: _____
 Crown lengthening: _____ TMJ disorder
 Implant consultation: _____ Panorex enclosed
 FMX enclosed Please take FMX PA enclosed Bite wings enclosed
Please contact me: Prior to consult After consult After initial examination
 Please contact me prior to discussing periodontal findings or treatment with patient.

PATIENT HISTORY:

- Premedication required, premed regimen: _____
 Medical clearance required.
Patient is seen: Regularly Sporadically For emergency treatment only
 Perio maintenance in our office since: _____ Recall every: _____
 Root planning in our office. Date completed: _____
Areas completed: Full mouth UR UL LL LR
 Previous periodontal therapy. Treated by: _____

Perio treatment rendered: _____

Restorative plans: _____

Areas of chief concern: _____

Comments: _____

See reverse side for map ►