

PERIODONTAL HEALTH PROFESSIONALS

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DATE _____ REFERRING DOCTOR _____

PATIENT _____ PHONE _____

DOES YOUR PATIENT EXPECT A SCHEDULING CALL FROM US?

___ YES ___ NO

___ COMPREHENSIVE PERIODONTAL EXAM FMX AVAILABLE? _____

___ LIMITED EXAM ___ UR ___ LR ___ UL ___ LL PA AVAILABLE? _____

___ PERIODONTAL TX# _____ LASER PERIODONTAL REGENERATION
LAR/LANAP # _____

___ IMPLANT PLACEMENT # _____ PERIAPICAL SURGERY # _____

___ SOFT TISSUE GRAFT # _____ ORAL PATH/BIOPSY # _____

___ BONE GRAFT # _____ OTHER: _____

___ CROWN LENGTHENING # _____

SPECIFIC CONCERNS _____
