



DAVID L. KRESE, D.D.S.
PRACTICE LIMITED TO PERIODONTICS

240 Hydraulic Ridge Road
Suite #201
Charlottesville, VA 22901

Date _____
Introducing _____
Contact Number _____

Treatment Consult Requested

- ☐ Complete Periodontal Evaluation _____
- ☐ Limited Periodontal Problem #(’s) _____

Radiographs Available

- ☐ Panorex _____
- ☐ Full Mouth Series _____
- ☐ Bitewings x _____ on _____
- ☐ Periapical #(’s) _____ on _____
- ☐ CBCT _____

Patient needs to premedicate with systemic
antibiotics prior to dental appointments?
yes / no

Clinical Notes _____

Referring Dentist _____

