

Marysville

Periodontal and Implant Center

A foundation for health

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INTRODUCING _____ DATE _____

REFERRED BY DOCTOR _____

PATIENT HOME PHONE _____ PATIENT CELL PHONE _____

TYPE OF PERIODONTAL EVALUATION REQUESTED:

- Comprehensive Periodontal Examination
- Limited Periodontal Examination

Location and Nature of Problem _____

- Dental Implants _____
- Mucogingival Problems (e.g. Gingival Grafts, Frenectomy)
- Full-Mouth Radiographic Survey Enclosed
- Please Take New Radiographic Survey and Remit Copy

OPTIONAL INFORMATION

Restorative Needs:

- Maxillary Denture Required
- No Restorative Needs
- Your Restorative Suggestion Appreciated
- Restorative Needs to be Reinforced _____

RESTORATIVE DOCTOR'S PREFERENCES:

I Would Prefer: A Telephone Call Prior to the Exam on My Patient

To Do My Own: Ext Endo Ortho

To Refer Patient For: Ext Endo Ortho

You Refer Patient For: Ext Endo Ortho

DOCTORS COMMENTS: _____

PRACTICE LIMITED TO PERIODONTICS AND IMPLANTOLOGY

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