

Today's Date: ___/___/___ **Patient:** _____

Birth Date: ___/___/___ **Phone:** _____

Please call patient Patient will call for appt.

Radiographs: Please take new radiographs Patient will bring radiographs Emailed to office

Periodontal/Implant/Esthetic Concerns:

Periodontal Evaluation

Area(s) of concern: _____

Previous periodontal treatment: _____

Was scaling completed in the last 2 years?

Yes No

Crown Lengthening Tooth #(s): _____

Recession/Soft Tissue Grafting #(s): _____

Frenum Involvement: _____

Tooth Extraction #(s): _____

Other: _____

Periodontal/Implant/Esthetic Concerns:

Dental Implant Evaluation

Implant Tooth #(s): _____

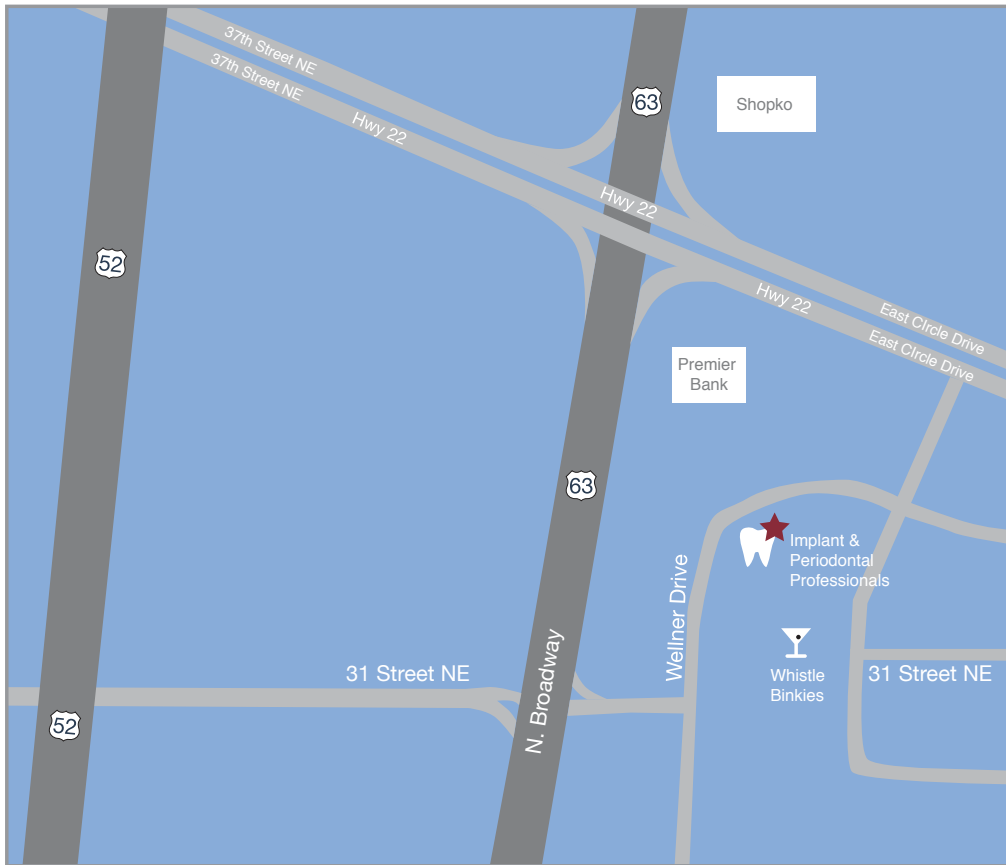
Ridge Augmentation/Sinus Lift: _____

Permanent Abutment(s) with
Dentist OR Periodontist? (circle one)

Comments/Restorative Plan: _____

Referred by: _____

Please call prior to appt. Call after appt.



Find directions to Implant and Periodontal Professionals online at www.ippdirections.com