Dayton Comprehensive Dentistry

Periodontics & Dental Implant Surgery

Patient: _____

Referred by: _____

Referral date: _____

- ☐ Generalized periodontal evaluation
- ☐ Specific periodontal evaluation
  - ☐ Crown lengthening (Tooth #: _____)
  - ☐ Soft tissue graft (Tooth #: _____)
  - ☐ Sinus evaluation (Area: _____)
  - ☐ Oral pathology/biopsy
  - ☐ Implants (Tooth #/Area: _____)
  - ☐ Scaling & Root Planning
  - ☐ Deep pockets (Area: _____)
  - ☐ Pre-orthodontic: Grafting/Frenectomy
  - ☐ Bone grafting (Area: _____)
  - ☐ Extraction (Tooth #: _____)
  - ☐ Other: _____

Comments: _____

_____

Appointment Day/Time: _____

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