DC Perio & Implants
PLLC

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PATIENT INFORMATION

Patient's Name: _____ Date: _____

Phone: _____ Appointment Date: _____

Referred by Dr.: _____

PERIODONTAL THERAPY

- ☐ Complete Periodontal Exam & Treatment
- ☐ Local Exam & Treatment (Teeth #_____)
- ☐ Crown Lengthening (Teeth #_____)
- ☐ Gingivectomy
- ☐ LANAP or Laser Therapy
- ☐ Soft Tissue Grafting
- ☐ Pocket Reduction
- ☐ Periodontal Bone Grafting
- ☐ Other: _____

IMPLANT THERAPY

- ☐ Extraction & Site Preservation (Teeth#: _____)
- ☐ Implant Placement (Sites: _____)
- ☐ Immediate Implant Placement & Provisional Crown (Sites: _____)
- ☐ Other: _____
- ☐ Sinus Augmentation
- ☐ Ridge Augmentation

OTHER SERVICES

- ☐ Extractions (Teeth # _____)
- ☐ Pre-Prosthetic Surgery (Tori Removal/Alveoplasty)
- ☐ Soft/Hard Tissue Biopsy
- ☐ Canine Exposure
- ☐ Frenectomy
- ☐ Other: _____
- ☐ IV or Oral Sedation
- ☐ Surgical Drilling Guide/Stent
- ☐ Orthodontic Mini Implants/TADS
- ☐ Accelerated Osteogenic Orthodontics (AOO)

RECENT FULL MOUTH RADIOGRAPHS

- ☐ Available, date taken: _____
- ☐ Patient will bring
- ☐ Emailed to office
- ☐ Mailed to office
- ☐ Unavailable, please take new radiographs

Notes: _____

IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, KINDLY GIVE US 24 HOURS NOTICE

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Directions to 1712 I Street, NW, Suite 202

METRO INFORMATION
Red Line to Farragut North
Blue, Orange and Silver Lines to Farragut West

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