CONNECT PERIODONTICS
AND IMPLANT DENTISTRY

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Patient Name: _____ Appt Date: _____

- ☐ Periodontal Consultation/Treatment
- ☐ Dental Implant Consultation/Treatment
- ☐ Dental Extraction
- ☐ Gum Grafting for Recession
- ☐ Periodontal Disease Treatment
- ☐ Crown Lengthening Procedure
- ☐ Other _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
R																L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Chief Complaint: _____

Other notable comments or remarks: _____

_____

_____

Current xrays ☐ Sent with patient ☐ Sent by email

Referring Doctor: _____

Office Phone Number: _____