

Referring Doctor: _____

Phone number: _____

Address: _____

Patient Name: _____

Patient DOB: _____

Significant medical hx: _____

Would you like us to: Evaluate or Evaluate and treat

CIRCLE TEETH/AREA FOR DENTAL CONSIDERATION(S):

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

THERAPY UNDER CONSIDERATION:

- Removable partial denture(s)
- Removable complete denture(s)
- Fixed Partial Denture(s)
- Full Mouth Reconstruction
- Implant restoration(s)
- Implant supported removable partial/complete denture(s)
- Implant supported fixed partial/complete dentures(s)
- Maxillofacial Prosthetics (i.e. eyes, ears)
- Other

Specific comments:

Referring Doctor: _____

Phone number: _____

Address: _____

Patient Name: _____

Patient DOB: _____

Significant medical hx: _____

Would you like us to: Evaluate or Evaluate and treat

Areas/teeth under consideration: _____

CLINICAL CONDITION (CHECK ALL THAT APPLY)

- | | |
|---|---|
| <input type="checkbox"/> Gingival Inflammation | <input type="checkbox"/> Edentulous Area(s) |
| <input type="checkbox"/> Tooth mobility | <input type="checkbox"/> Lack of Horizontal/Vertical Bone for Implant Placement |
| <input type="checkbox"/> Localized deep pockets | <input type="checkbox"/> Oral Pathology/Lesion |
| <input type="checkbox"/> Generalized deep pockets | <input type="checkbox"/> Patient medically compromised (ASA III) |
| <input type="checkbox"/> Tooth/Teeth with questionable-poor prognosis(es) | <input type="checkbox"/> Subgingival restorative margin/biologic width invasion |
| <input type="checkbox"/> Furcation involvement | <input type="checkbox"/> "Gummy" Smile/Excessive Gingival Display |
| <input type="checkbox"/> Periodontal abscess | Other: _____ |
| <input type="checkbox"/> Gingival Recession | |

THERAPY UNDER CONSIDERATION TO ADDRESS CLINICAL CONDITION(S):

- Scaling/Root planing
 - Localized Antibiotic Therapy
 - Flap/Osseous Surgery
 - Gingivectomy
 - Crown lengthening
 - Soft tissue grafting
 - Periodontal regenerative procedures
 - Horizontal and vertical bone augmentation/grafting
 - Sinus augmentation/lift
 - Implant placement
 - Biopsy
 - IV/Conscious sedation
- Specific comments:

