



\_\_\_\_\_, 20\_\_\_\_

**Introducing:** \_\_\_\_\_

- Full Mouth Periodontal Evaluation  Isolated \_\_\_\_\_
- Soft Tissue Graft \_\_\_\_\_
- Implant(s) \_\_\_\_\_
- Failing Implant(s)/Peri-implantitis \_\_\_\_\_
- Periodontal Surgery/Laser Surgery \_\_\_\_\_
- Sinus/Ridge Augmentation \_\_\_\_\_
- Tooth Extraction \_\_\_\_\_
- Wisdom Tooth Extraction \_\_\_\_\_
- Crown Lengthening \_\_\_\_\_; Esthetic Crown Lengthening \_\_\_\_\_
- Orthodontic Therapy (Accelerated Osteogenic Orthodontics; Tooth Exposure; Gingival Procedure; T.A.D. Placement) \_\_\_\_\_
- Oral Medicine (Evaluate; Biopsy) \_\_\_\_\_
- Other \_\_\_\_\_

**Recent Periodontal Therapy**  
(Last 3 Years By Quadrant)

Scaling (dates)

Surgery (dates)

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*Radiographs:*

- E-Mailed
- Mailed
- With Patient

*Please Take:*

- FMX
- 3D Scan
- PA \_\_\_\_\_

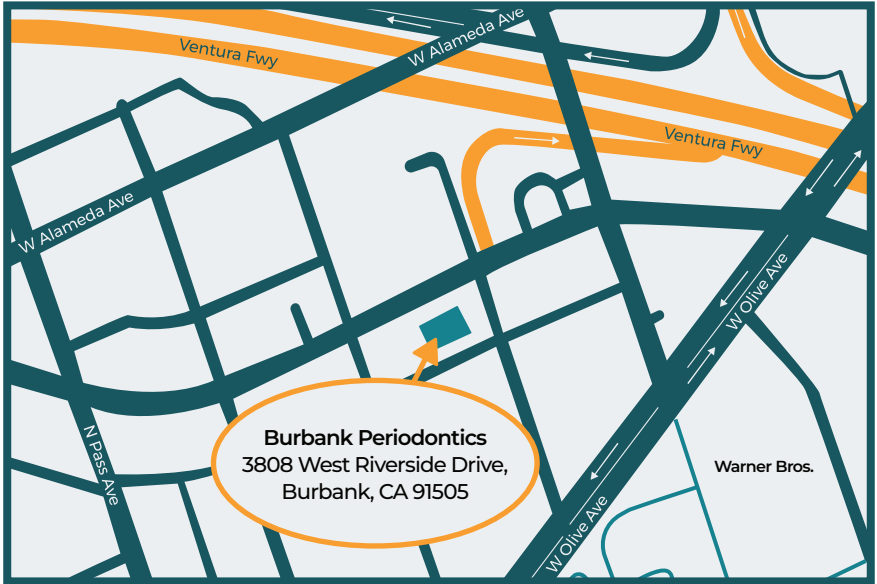
**Comments:** \_\_\_\_\_

**Referred by Doctor:** \_\_\_\_\_

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