



BURBANK PERIODONTICS

DENTAL IMPLANTS & LASER SURGERY

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_____, 20____

Introducing: _____

- ☐ Full Mouth Periodontal Evaluation ☐ Localized _____
- ☐ 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 _____

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

Recent Periodontal Therapy
(Last 3 Years By Quadrant)

Scaling (dates)

Surgery (dates)

_____ | _____

Radiographs:

☐ E-Mailed ☐ Mailed ☐ With Patient

Please Take:

☐ FMX ☐ 3D Scan ☐ PA _____

Comments: _____

Referred by Doctor: _____

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Freeway Directions:

From Glendale on the 134 Freeway
Westbound:

Exit Hollywood Way
Turn left off ramp
Turn left on to Hollywood Way
Turn right on Riverside Drive

From Studio City on the 134 Freeway
Eastbound:

Exit Pass Ave.
Turn right off ramp
Turn left on to Riverside Drive