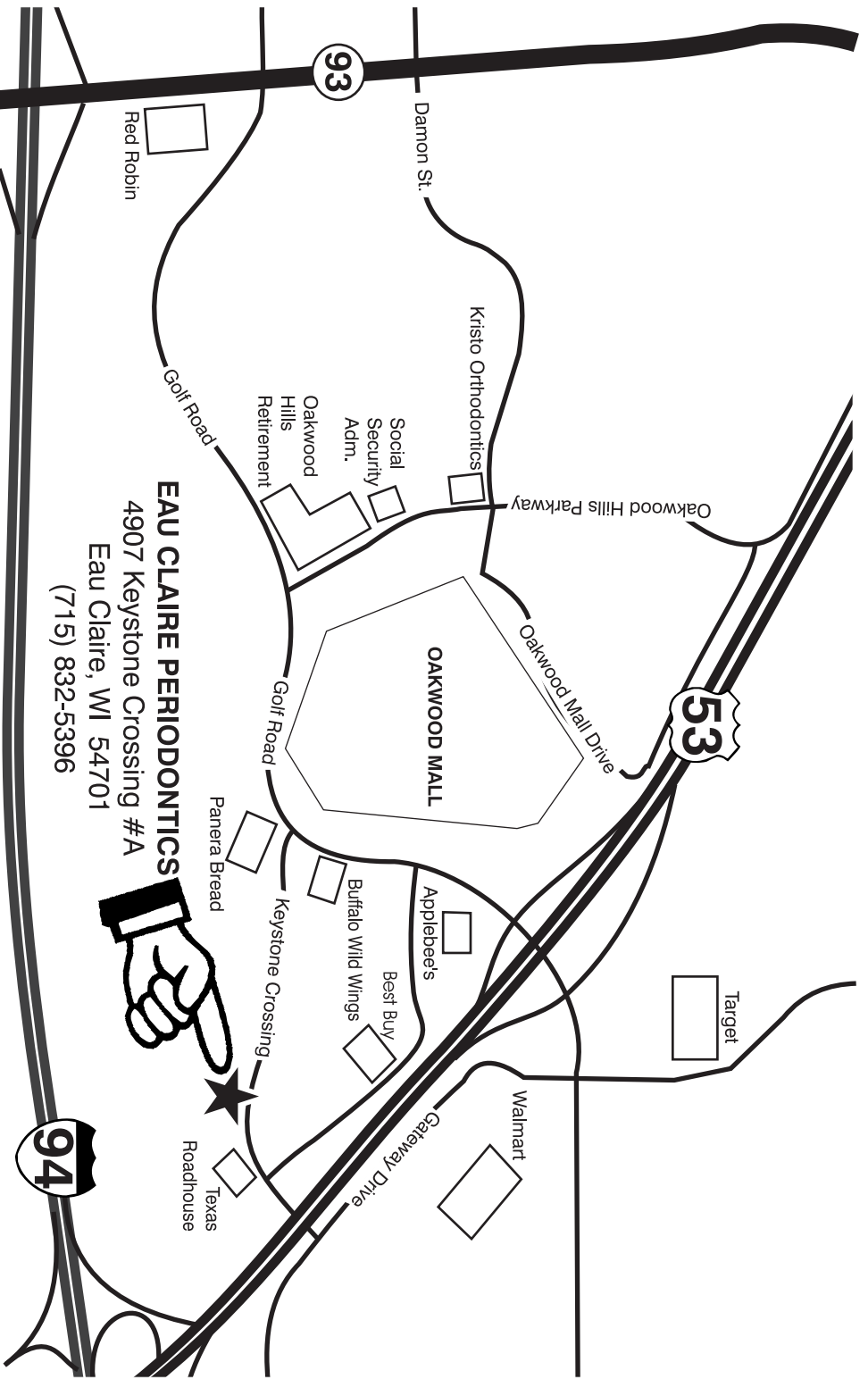


EAU CLAIRE PERIODONTICS
4907 Keystone Crossing #A
Eau Claire, WI 54701
(715) 832-5396



EAU CLAIRE PERIODONTICS
4907 Keystone Crossing #A
Eau Claire, WI 54701
(715) 832-5396



EAU CLAIRE PERIODONTICS

Jason Johnson, DDS, MS Russell Dylla, DDS

Practice Limited to Periodontics and Implant Dentistry

4907 Keystone Crossing #A (715) 832-5396

Eau Claire, WI 54701 (800) 442-6860

Email: theoffice@eauclaireperiodontics.com Fax: (715) 832-3009

Please visit our website www.eauclaireperiodontics.com to pre-register

Today's Date: _____

Introducing _____
FIRST NAME LAST NAME

If Minor, Guardian's Name _____

Date of Birth _____ Patient Phone () _____

Referring Dr. and Location _____

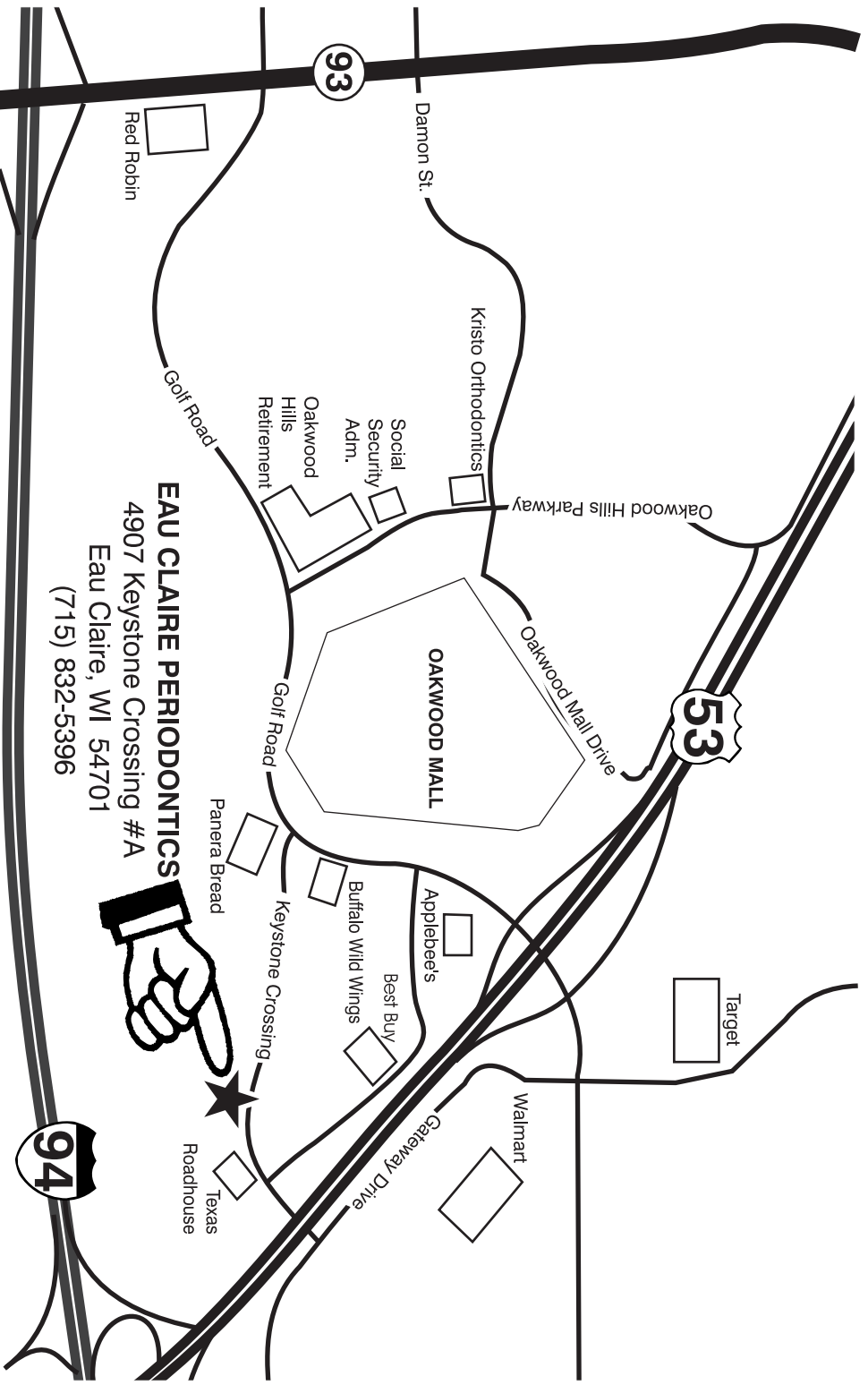
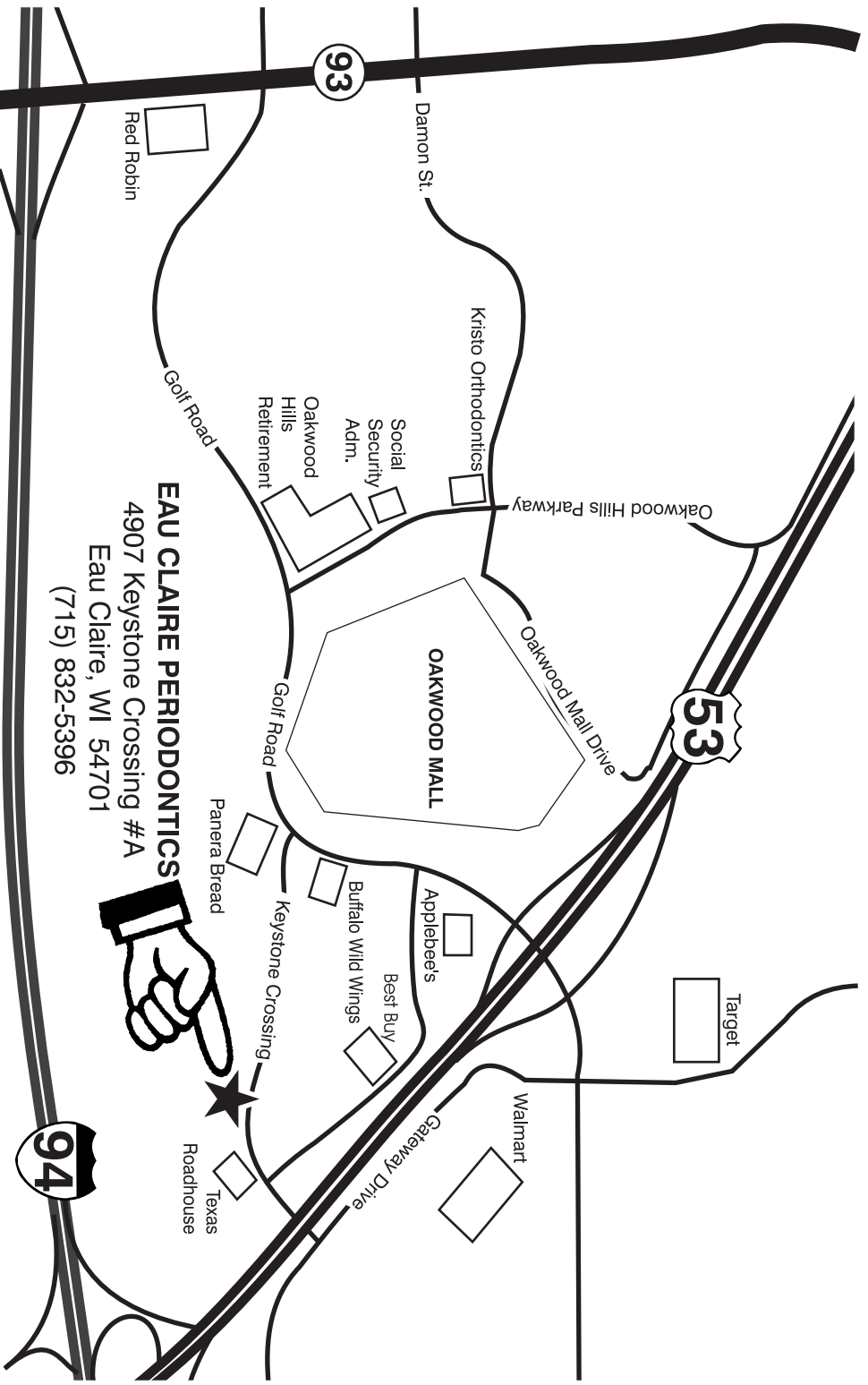
Date X-ray(s) taken _____ Pan or FMX taken? If so, date taken _____

Evaluation and Treatment For:

- General Periodontal Evaluation
Previous Periodontal Treatment _____ Date _____
Scaling/Root planing history in the last 2 years? YES or NO
What is the patients recall frequency? _____
- Localized Pocket(s) _____
- Clinical Crown Lengthening Tooth#(s) _____
- Frenectomy upper/lower (please circle one)
- Orthodontic Uncovering Tooth#(s) _____
- Gingivectomy/Gingivoplasty
- Gingival Grafting/Recession Tooth#(s) _____
- Implants Tooth #(s) _____
- Ridge Augmentation/Sinus Lift
- Other _____

Referral Notes:

Appointment Date: _____ Time: _____





EAU CLAIRE PERIODONTICS

Jason Johnson, DDS, MS Russell Dylla, DDS

Practice Limited to Periodontics and Implant Dentistry

4907 Keystone Crossing #A (715) 832-5396

Eau Claire, WI 54701 (800) 442-6860

Email: theoffice@eauclaireperiodontics.com Fax: (715) 832-3009

Please visit our website www.eauclaireperiodontics.com to pre-register

Today's Date: _____

Introducing _____
FIRST NAME LAST NAME

If Minor, Guardian's Name _____

Date of Birth _____ Patient Phone () _____

Referring Dr. and Location _____

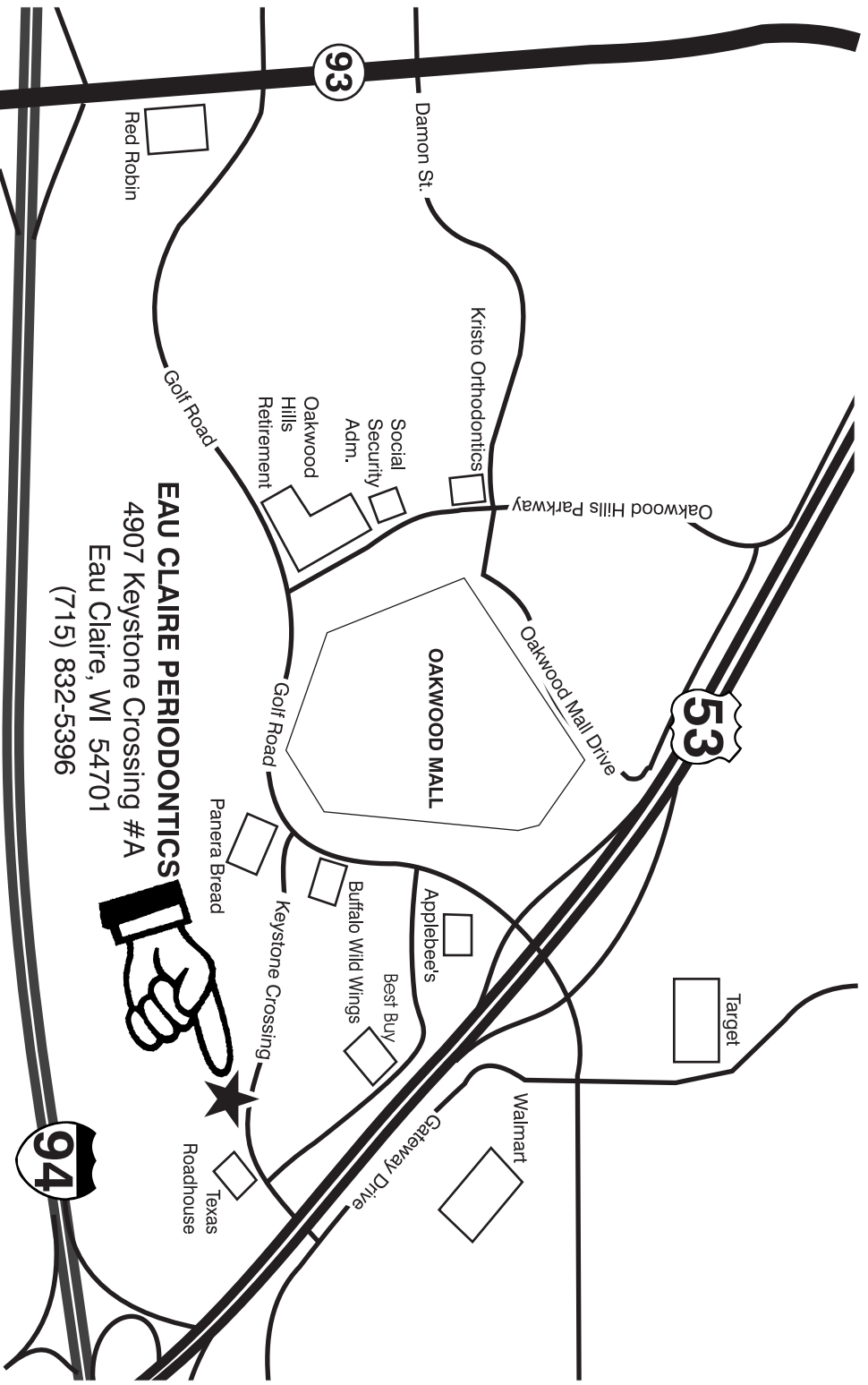
Date X-ray(s) taken _____ Pan or FMX taken? If so, date taken _____

Evaluation and Treatment For:

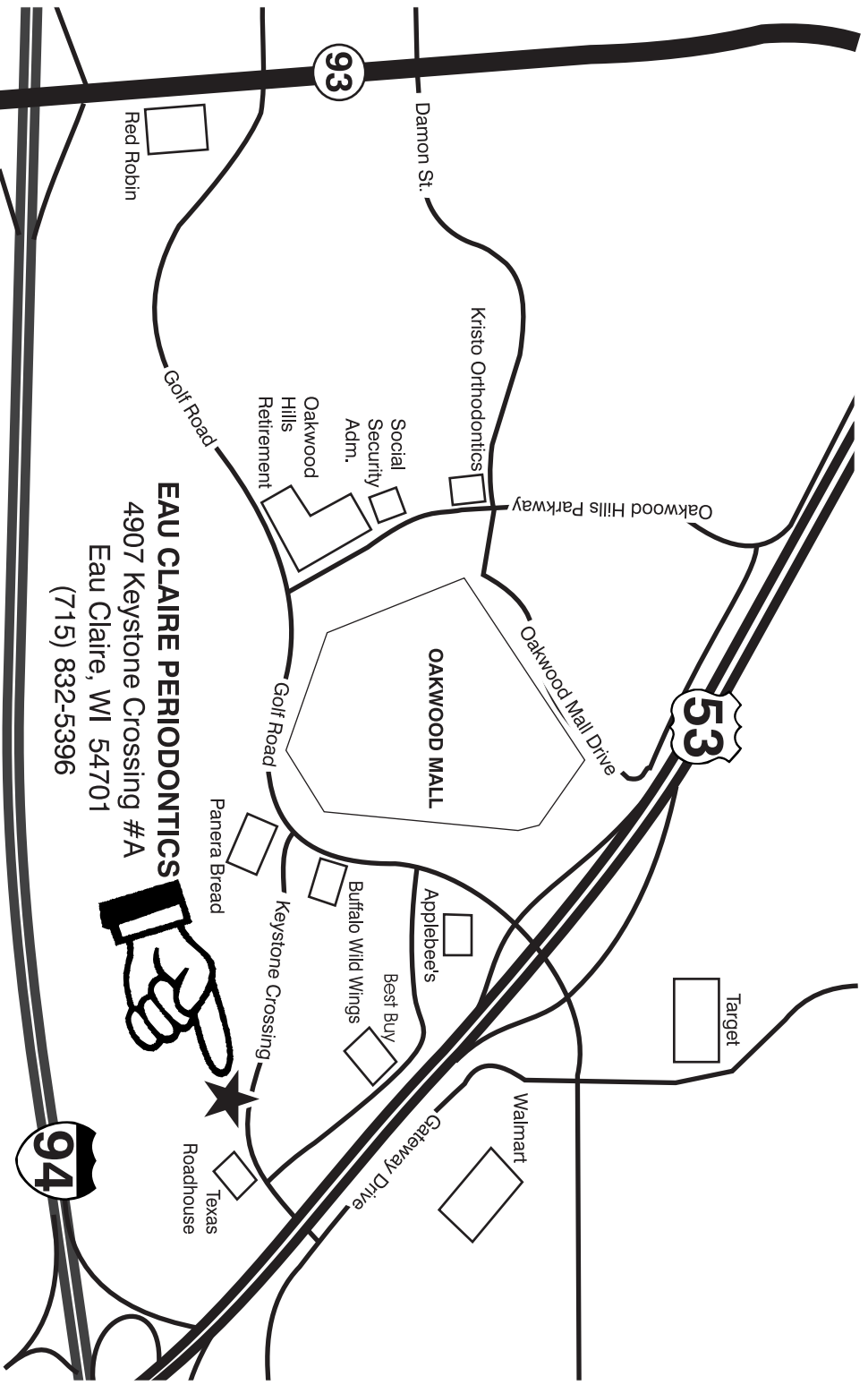
- General Periodontal Evaluation
Previous Periodontal Treatment _____ Date _____
Scaling/Root planing history in the last 2 years? YES or NO
What is the patients recall frequency? _____
- Localized Pocket(s) _____
- Clinical Crown Lengthening Tooth#(s) _____
- Frenectomy upper/lower (please circle one)
- Orthodontic Uncovering Tooth#(s) _____
- Gingivectomy/Gingivoplasty
- Gingival Grafting/Recession Tooth#(s) _____
- Implants Tooth #(s) _____
- Ridge Augmentation/Sinus Lift
- Other _____

Referral Notes:

Appointment Date: _____ Time: _____



EAU CLAIRE PERIODONTICS
4907 Keystone Crossing #A
Eau Claire, WI 54701
(715) 832-5396



EAU CLAIRE PERIODONTICS
4907 Keystone Crossing #A
Eau Claire, WI 54701
(715) 832-5396



EAU CLAIRE PERIODONTICS

Jason Johnson, DDS, MS Russell Dylla, DDS

Practice Limited to Periodontics and Implant Dentistry

4907 Keystone Crossing #A (715) 832-5396

Eau Claire, WI 54701 (800) 442-6860

Email: theoffice@eauclaireperiodontics.com Fax: (715) 832-3009

Please visit our website www.eauclaireperiodontics.com to pre-register

Today's Date: _____

Introducing _____
FIRST NAME LAST NAME

If Minor, Guardian's Name _____

Date of Birth _____ Patient Phone () _____

Referring Dr. and Location _____

Date X-ray(s) taken _____ Pan or FMX taken? If so, date taken _____

Evaluation and Treatment For:

- General Periodontal Evaluation
Previous Periodontal Treatment _____ Date _____
Scaling/Root planing history in the last 2 years? YES or NO
What is the patients recall frequency? _____
- Localized Pocket(s) _____
- Clinical Crown Lengthening Tooth#(s) _____
- Frenectomy upper/lower (please circle one)
- Orthodontic Uncovering Tooth#(s) _____
- Gingivectomy/Gingivoplasty
- Gingival Grafting/Recession Tooth#(s) _____
- Implants Tooth #(s) _____
- Ridge Augmentation/Sinus Lift
- Other _____

Referral Notes:

Appointment Date: _____ Time: _____

Referring Dentist Copy