



**EAU CLAIRE PERIODONTICS**  
*Practice Limited to Periodontics and Implant Dentistry*

3902 Oakwood Hills Pkwy, Suite 2 (715) 832-5396  
Eau Claire, WI 54701 (800) 442-6860  
Email: [theoffice@eauclaireperiodontics.com](mailto:theoffice@eauclaireperiodontics.com) Fax: (715) 832-3009  
Visit our website at: [www.eauclaireperiodontics.com](http://www.eauclaireperiodontics.com)

Date \_\_\_\_\_

Introducing \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

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**

**Gingivectomy/Gingivoplasty**

**Gingival Grafting/Recession Tooth#(s)** \_\_\_\_\_

**Implants Tooth #(s)** \_\_\_\_\_

**Ridge Augmentation/Sinus Lift**

**Other** \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

(please print)

Patients X-rays sent

Take X-rays at Exam

**Restorative Plan/Comments:**

Call Patient to schedule

Patient will call for appointment

Appointment Date \_\_\_\_\_ at \_\_\_\_\_

Periodontist Copy