EAU CLAIRE **PERIODONTICS**

Jason Johnson, DDS, MS Russell Dylla, DDS

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 Fax: (715) 832-3005
Visit our website at: www.eauclaireperiodontics.com

Appointment Date: _____ Time:_____

Introducing _____
FIRST NAME LAST NAME

Date of Birth _____ Patient Phone ( ) _____

Referring Dr. and Location _____

Date X-ray(s) 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***
- ❑ ***Orthodontic Uncovering Tooth#(s)***_____
- ❑ ***Gingivectomy/Gingivoplasty***
- ❑ ***Gingival Grafting/Recession Tooth#(s)*** _____
- ❑ ***Implants Tooth #(s)*** _____
- ❑ ***Ridge Augmentation/Sinus Lift***
- ❑ ***Other*** _____

Referral Notes: