EAU CLAIRE **PERIODONTICS**

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Practice Limited to Periodontics and Implant Dentistry

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Appointment Date: _____ Time:_____

Introducing _____
FIRST NAME LAST NAME

Date of Birth _____ Patient Phone ( ) _____

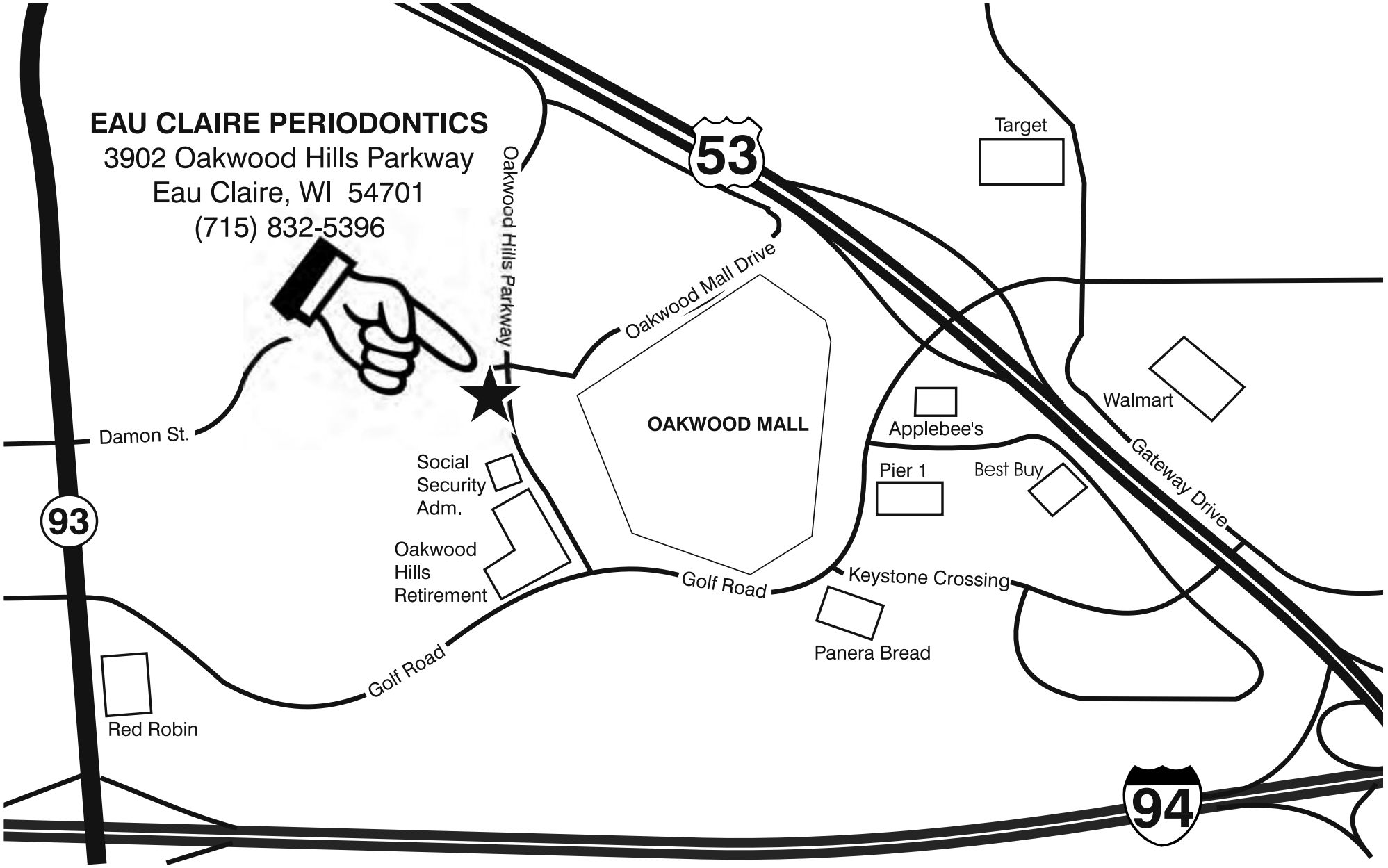
Referring Dr. and Location _____

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: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Oakwood Hills Parkway
53
Target
Oakwood Mall Drive
OAKWOOD MALL
Walmart
Applebee's
Damon St.
Social Security Adm.
Pier 1
Best Buy
Gateway Drive
93
Oakwood Hills Retirement
Golf Road
Keystone Crossing
Panera Bread
Golf Road
Red Robin
94