NORTHEAST FLORIDA
Periodontics & Dental Implants
· EXCELLENCE ALWAYS ·

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Ofc: (904) 737-2040
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Patient Name: _____

Address _____ Phone: _____

Has an appointment with your office for an examination for:

- ☐ Complete Periodontal Examination
- ☐ Problem Focused Examination
- ☐ Crown Lengthening
- ☐ Implants
- ☐ Mucogingival Deficiency
- ☐ Cuspid Exposure
- ☐ Osseous Defect, Furcation Involvment
- ☐ Other, Ridge Augmentation, etc...

Special Considerations. Premed, Restorative, Dental Aniexty, Medically Compromised, etc...

_____

_____

_____

_____

_____

_____

Patient of Record: ☐ New ☐ # _____years with practice? On Perio Maitainence ☐ Yes ☐ No

Radiographs: ☐ FMX - To be Sent ☐ Need To Be Taken

Patient has completed soft tissue management program? ☐ Yes ☐ No

Root Planing / Curettage has been performed within the last year? ☐ Yes ☐ No

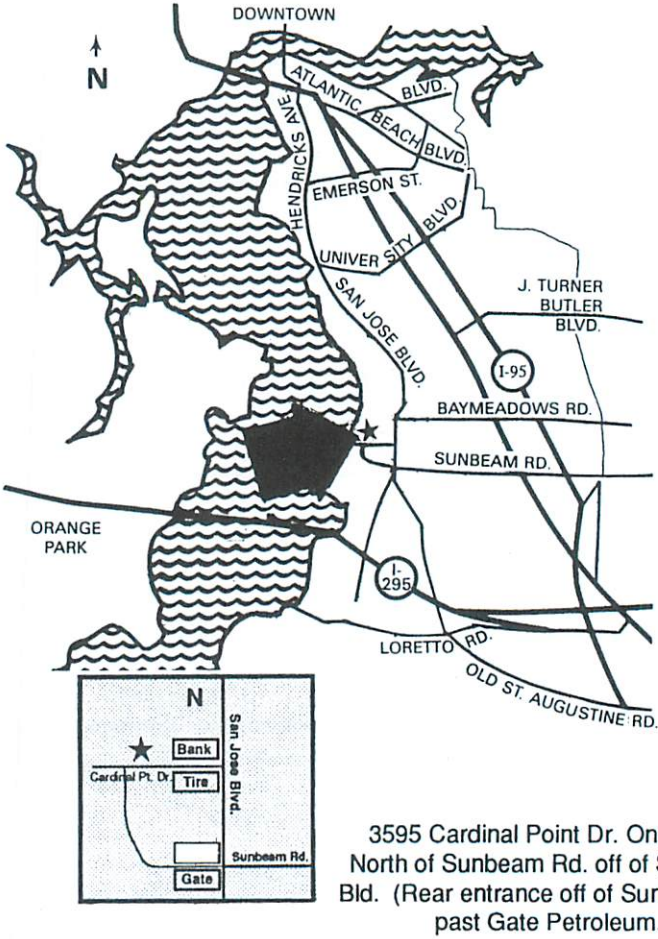
Restorative Treatment: ☐ Need additional treatment ☐ Needs treatment planning

Appointment Date _____ Time _____

Referring Doctor _____ Date _____

☐ Please call regarding this patient.

Map on Reverse Side



3595 Cardinal Point Dr. One Block North of Sunbeam Rd. off of San Jose Bld. (Rear entrance off of Sunbeam Rd. past Gate Petroleum.)

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