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Patient Name

Date

Patient Phone Number

Referring Doctor

Hygienists

Appointment Status: Date & Time

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Reason for Referral

Generalized Periodontal Disease

Localized Periodontal Disease #

Implants #

Gingival Recession #

Crown Lengthening #

Tooth Uncovery #

Frenectomy: Max Mand #

Tooth Uncovery #

Biopsy/Oral Lesion: Area

Other

Periodontal Treatment Completed in Office

Scaling/Root Planing : Date

Perio Maintenance : Date

Please send radiographs. An FMX would be appreciated if you have one.

Comments:
