

# PRECISION PERIO

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Date: \_\_\_\_\_

Introducing: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_

Referred by Dr. \_\_\_\_\_ Office phone: \_\_\_\_\_

**Limited Exam**

Area of concern \_\_\_\_\_

- Pocket reduction
- Recession/ minimum attached tissue/ soft tissue grafting
- Crown lengthening
- Uneven gingival display/ gummy smile
- Canine exposure
- Extraction
- Frenectomy
- Oral pathology/ biopsy
- Other \_\_\_\_\_

**Implant Therapy**

Tooth # \_\_\_\_\_

Precision Periodontics to send patient back with:

- Healing abutment
- Custom abutment
- Provisional crown
  
- Bone grafting
- Peri-implant disease

**Full Mouth Periodontal Evaluation**

Last hygiene date \_\_\_\_\_

Radiographs available:

FMX date \_\_\_\_\_  PA date \_\_\_\_\_  BWX date \_\_\_\_\_

Comments/ Restorative Plan:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Insurance: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Group Plan #: \_\_\_\_\_

ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Group Plan #: \_\_\_\_\_

ID: \_\_\_\_\_ DOB: \_\_\_\_\_