



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 _____

Full Mouth Periodontal Evaluation

Last hygiene date _____

Radiographs available:

FMX date _____ PA date _____ BWX date _____

Comments/ Restorative Plan:

Dental Implant Treatment

Teeth # _____

Precision Periodontics to send patient back with:

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

Pre-Orthodontic Periodontal Exam

- Full mouth
- Maxillary arch
- Mandibular arch

Primary Insurance: _____

Subscriber Name: _____

Group Plan #: _____

ID: _____ DOB: _____

Secondary Insurance: _____

Subscriber Name: _____

Group Plan #: _____

ID: _____ DOB: _____