



_____ , 20_____

Introducing: _____

Full Mouth Periodontal Evaluation _____ Isolated _____

Soft Tissue Graft _____

Implant(s) _____

Failing Implant(s)/Peri-implantitis _____

Periodontal Surgery/Laser Surgery _____

Sinus/Ridge Augmentation _____

Tooth Extraction _____

Wisdom Tooth Extraction _____

Crown Lengthening _____ ; Esthetic Crown Lengthening _____

Orthodontic Therapy (Accelerated Osteogenic Orthodontics; Tooth Exposure; Gingival Procedure; T.A.D. Placement) _____

Oral Medicine (Evaluate; Biopsy) _____

Other _____

Recent Periodontal Therapy
(Last 3 Years By Quadrant)

Scaling (dates)
_____|_____

Surgery (dates)
_____|_____

Radiographs:

E-Mailed Mailed With Patient

Please Take:

FMX 3D Scan PA _____

Comments: _____

Referred by Doctor: _____

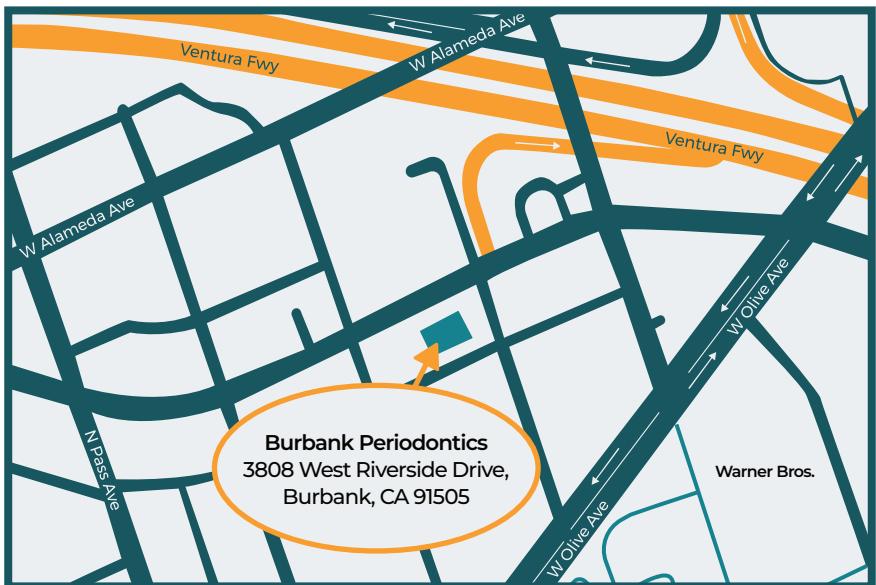
Toluca Lake Center

3808 W. Riverside Drive
Suite 204
Burbank, CA 91505

Phone:
(818) 842-6162

Fax:
(818) 842-2052

Email:
lwhburbankperio@gmail.com



3808 West Riverside Drive, Suite 204,
Burbank, CA 91505

(818) 842-6162