ROOT™

Periodontal and Implant Center

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Specialists - Periodontics

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FROM: _____ PHONE NUMBER: _____

DATE: _____

This is to **INTRODUCE:** _____ PATIENT PHONE: _____

□ **AN APPOINTMENT HAS BEEN RESERVED ON**: _____
□ **PLEASE CALL MY PATIENT TO SCHEDULE AN APPOINTMENT**
□ **MY PATIENT WILL BE CALLING YOU TO SCHEDULE AN APPOINTMENT**

My patient requires a complete examination for (please specify site):

□ Periodontal Evaluation _____
□ Extraction _____
□ Guided Tissue Regeneration _____
□ Oral Pathology _____
□ Cosmetics _____
□ 3-D CT Scan _____
□ OTHER _____

□ Implant Evaluation _____
□ Soft Tissue Graft _____
□ Bone Graft _____
□ Crown Lengthening _____
□ Emergency _____
□ Peri-implantitis _____

COMMENTS (please include RELATED treatment completed in your office if indicated):

_____
_____
_____ (continue on back)

RADIOGRAPHS AVAILABLE: □ Yes □ Being Sent □ Patient Bringing □ Would like us to take

TYPE**:** _____ DATE TAKEN: _____

I plan the following restorative/prosthetic/orthodontic/endodontic/oral surgery treatment:

_____
_____

Medical/History Concerns: _____ **Antibiotic Prophylaxis** □ Yes □ No

PLEASE CALL ME: □ BEFORE Consultation □ AFTER Consultation