Innovative Periodontics & Implants

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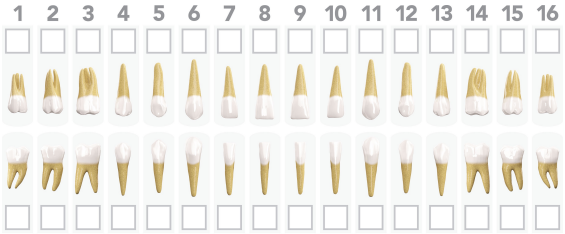
Patient Name: _____ Referring Doctor: _____

Patient Phone: _____ Doctor's Phone: _____

Today's Date: _____ Doctor's Email: _____

Areas of Concern:



Comments:

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Please See For:

- ☐ Periodontal Disease
- ☐ Bone Grafting
- ☐ Implants
- ☐ All-on-4 Implants
- ☐ Crown Lengthening
- ☐ Surgical Exposure
- ☐ Laser Procedure
- ☐ Recession/Mucogingival Problem
- ☐ Esthetics
- ☐ Cone Beam CT Scan
- ☐ Oral Pathology/Biopsy
- ☐ Frenectomy
- ☐ Fiberotomy

Other: _____

CBCT Scan Output:

- ☐ Hard Copy Prints
- ☐ CD with DICOM Files
- ☐ Email Files to: _____

Radiographs:

- ☐ Please Take New Radiographs
- ☐ Accompanying Patient
- ☐ Mailed to Your Office
- ☐ Emailed to Your Office