



1500 Shermer Road, Suite 340W • Northbrook, Illinois 60062
Tel: (847) 498-5630 Fax: (847) 498-8801 www.perioonline.com

Date: _____

Introducing: _____

Patient's day phone: _____

Referred by: _____

() Patient is new to my practice () Patient of record, _____ years.

() Patient requires pre-medication before appointment

() Patient has had initial periodontal therapy in last 12 months

Appointment Information:

- Comprehensive periodontal evaluation
- Implant evaluation sites(s) _____
- Laser Periodontal Therapy (LANAP) _____
- Bone graft / regeneration # _____
- Crown lengthening # _____
- Gingival recontouring # _____
- Gingival graft # _____
- Connective tissue graft # _____
- Extraction / ridge preservation # _____
- Ridge augmentation # _____
- Sinus graft # _____
- Wilckodontics _____
- Frenectomy _____
- Biopsy _____
- Other _____

Radiographs:

() Have been mailed () Given to patient

() Should be taken as indicated

Special Instructions: _____

White – Patient's copy

Yellow – Dentist's copy

Referrals can be faxed to: (847) 498-8801