



Periodontics & Implant Dentistry

Introducing: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Language of Patient:  English  French

Telephone (Res.): \_\_\_\_\_ (Bus.): \_\_\_\_\_

Patient referred:  comprehensive periodontal exam  
 limited periodontal consult (please specify below)  
 implants in areas indicated below

Patient has had:  recent scaling (date: \_\_\_\_\_)  
 recall appt. every \_\_\_\_\_ months  
 recent radiographs  enclosed  
 **please return**  please retain for your records

-----  
Specific comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restorative plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pertinent medical history or special considerations: \_\_\_\_\_  
\_\_\_\_\_

-----  
Please arrive 10 minutes before appointment time  
with x-rays and insurance information in hand.

Patient has made an appointment with you on \_\_\_\_\_ at \_\_\_\_\_

Patient will call for an appointment

Please call the patient for an appointment

Referred by Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_