
IMPORTANT: Bring this form to your first appointment.

FROM: Dr. _____

Patient Name: _____

Date of Appointment: _____

Time: _____

(a minimum of 2 business days advance notice is required for appointment changes)

EVALUATION FOR:

- Emergency Treatment: # _____
- Specific Periodontal Problem: _____
- Complete periodontal evaluation: _____
- Crown Lengthening: # _____
- Cosmetic periodontal treatment: _____
- Dental Implants: _____
- Other: _____

AVAILABLE RADIOGRAPHS

- Periapicals: No. of films: _____ Date: _____
 - Full Mouth Series: _____ Date: _____
 - Panorex: _____ Date: _____
 - are enclosed patient will bring
 - have been mailed return patient for x-rays
 - will be sent take and send duplicate x-rays
 - Please call during the initial patient consultation
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