

Bluegrass Periodontics

Today's Date: _____

Patient Name: _____

Patient Phone: _____

Referring Dentist: _____ Phone: _____

Please Mark Teeth To Be Treated

UPPER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

LOWER

Treatment Desired

- | | |
|---|---|
| <input type="checkbox"/> Periodontal Evaluation/Pockets | <input type="checkbox"/> Apico/Root Amputation |
| <input type="checkbox"/> Extraction/Ridge (socket) Preservation | <input type="checkbox"/> Tooth Exposure/Bracket Placement |
| <input type="checkbox"/> Dental Implant | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Ridge Augmentation | <input type="checkbox"/> Cone Beam CT |
| <input type="checkbox"/> Sinus Grafting | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Recession/Grafting | _____ |
| <input type="checkbox"/> Cosmetic Crown Lengthening (gummy smile) | |
| <input type="checkbox"/> Functional Crown Lengthening (restorative) | |

Appointment Scheduled For

Day: _____ Date: _____ Time: ____:____ am/pm

Elliot D. Neuman, DMD, MS · Douglas M. Neuman, DMD, MS
540 East Main Street · Lexington, Kentucky 40508
Tel: 859.252.7726 · Fax: 859.252.7728
info@bluegrassperio.com · www.bluegrassperio.com