

From Dr. \_\_\_\_\_

Patient's name: \_\_\_\_\_

Please send report via:  Email  Fax  Mail

### Radiographs

- Please take new radiographs
- Given to the patient
- Emailed to 'contactus@epicperiodontics.com'

### Periodontal Concerns

- Complete Periodontal Evaluation
- Limited Periodontal Evaluation
- Crown Lengthening \_\_\_\_\_
- Periodontal regeneration \_\_\_\_\_
- Ridge augmentation \_\_\_\_\_
- Gingival recession \_\_\_\_\_
- Mucogingival defect \_\_\_\_\_
- Frenum involvement \_\_\_\_\_
- Exposure of impacted tooth \_\_\_\_\_
- Extraction, site preservation \_\_\_\_\_
- Biopsy \_\_\_\_\_

Additional information: \_\_\_\_\_

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

Patient's Contact number: \_\_\_\_\_

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

### Periodontal Treatment completed in your office

- Prophylaxis
- Scaling root planning
- Periodontal maintenance therapy

### Dental Implant therapy

Preferred Implant system \_\_\_\_\_  
 Implant evaluation area \_\_\_\_\_

Overdenture  All on four

Surgical Stent:  Periodontist  Referring Dentist  
 Restorative Abutment  Periodontist  Referring Dentist

### Hygiene/ Periodontal Maintenance

Periodontist  Alternating  Referring Dentist

### Scaling & Root Planing

Periodontist  Referring Dentist