



WILLAMETTE VALLEY
PERIODONTICS

INTRODUCING

Name: _____ Date: _____

Address: _____

Phone: _____

Referred by Dr. _____

FMX, Pano, or Bitewings have been sent

Via: _____ Date: _____

Periodontal examination scheduled for:

Day: _____ Date: _____ Time: _____

Comments: _____

CHIEF CONCERNS

- Periodontal Disease
- Ridge Augmentation
- Gingival Hyperplasia
- Gummy Smile or Uneven Gumline
- Crown Lengthening - Tooth# _____
- Localized Bone Loss in _____
- Inadequate Zone of Attached Gingiva
- Implant Consultation
- Root Coverage
- Peri-implantitis
- Other _____

