



Periodontics & Implant Dentistry

Dean N. Ahmad, DDS, FICOI, DABP

Lincoln Village at Twelve Bridges
2295 Fieldstone Drive, Suite 120
Lincoln, CA 95648
Phone: 916.434.5151
Fax: 916.434.5575

Patient _____ Date _____

Home# _____ Work# _____

Referred By _____ Phone# _____

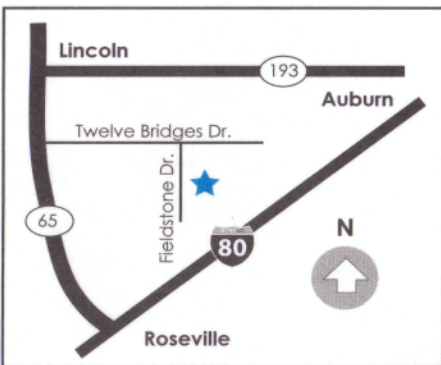
- | | |
|---|--|
| <input type="checkbox"/> Periodontal Assessment & Therapy
<input type="checkbox"/> Comprehensive
<input type="checkbox"/> Limited _____ | <input type="checkbox"/> Implant Diagnostic Assessment & Therapy
Tooth/Teeth# _____ |
| <input type="checkbox"/> Periodontal Plastic Surgery/Graft Procedure
<input type="checkbox"/> Soft Tissue <input type="checkbox"/> Hard Tissue
Tooth/Teeth# _____ | <input type="checkbox"/> Crown Lengthening
Tooth/Teeth# _____ |
| <input type="checkbox"/> Occlusal Therapy | <input type="checkbox"/> Biopsy/Oral Medicine/Microbio Analysis |
| <input type="checkbox"/> Ortho-Perio <input type="checkbox"/> Endo-Perio | <input type="checkbox"/> Extraction
<input type="checkbox"/> Socket/Ridge Preservation
<input type="checkbox"/> Wisdom Teeth
Tooth/Teeth# _____ |
| <input type="checkbox"/> Other (explanation below) | |

Comments/Special Instructions: _____

Your appointment with Dr. Ahmad will be on:

Date _____ Day _____ Time _____

Radiographs: Sent with Patient Mailed Sent by Email Needed



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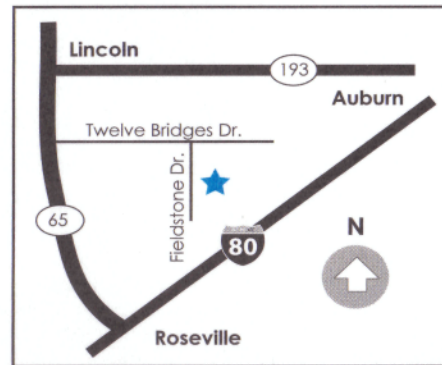
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