

Kelsheimer Periodontics

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4956 Autumn Oaks Dr., Ste. B, Maryville, IL 62062 David L. Kelsheimer, D.D.S.

Date _____ Patient's Name _____

- X-rays: please take X-rays
 X-rays have been sent, please keep
 X-rays have been sent, please duplicate and return

Reason for sending this patient (i.e. periodontal exam, specific area, crown lengthening, tissue graft, osseous grafts, tooth exposure, frenectomy, ridge augmentation or implants)

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

Restorative options under consideration (i.e. crown[s], bridge[s], partial[s], denture[s], general restorative or implant[s])

General remarks about the patient (including chief complaint and comments about the patient's health or recent restorative treatment)

Dr. _____