



IMPLANT & PERIODONTIC

SPECIALISTS OF BELLEVUE

Thomas P. Sweeney, DDS & Ken M. Akimoto, DDS

1418 112th Avenue NE Suite 100

Bellevue, WA 98004

PH (425)453-1010

FAX (425)637-8704

EMAIL info@bellevueperio.com

Date: _____

Patient Name: _____ Patient Phone: _____

Referring Doctor (s): _____

Would you like your patient to see: Dr. Sweeney Dr. Akimoto Soonest Available

Would you like us to call your patient to setup an exam? Yes No

Does patient need premedication? Yes No

Is this an EMERGENCY Exam? Yes No

COMPREHENSIVE EXAMINATION FOR

- | | |
|--|---|
| _____ Biopsy/Velscope | _____ Clinical Crown Lengthening |
| _____ Complete Perio/Generalized Bone loss | _____ Esthetic (Cosmetic) Crown Lengthening |
| _____ Extraction/Root Amputation | _____ Ortho Involved (Pre-Ortho, TAD, PAOO) |
| _____ Frenectomy/Fiberotomy | _____ Ridge/Sinus Augmentation |
| _____ Recession/Root coverage | _____ Dental Implants |
| _____ Scaling & Root Planning/Perioscope | (Implant brand/type request) _____ |

RADIOGRAPHIC HISTORY

- FMX (____/____/____) *Date
- PANO (____/____/____) *Date
- BWS (____/____/____) *Date
- PA (____/____/____) *Date
- NONE, we take for concerns Yes

DOES PATIENT HAVE PERIO HISTORY Yes No

Date of Scaling & Root Planing (____/____/____)

REFERRING DDS COMMENTS :

Restorative Plans being pursued: _____

Orthodontia Plans being Pursued: _____