



BROOKLINE PERIODONTAL ASSOCIATES

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*Practice Limited to
Periodontics
Oral Diagnosis
Oral Implants*

DATE REFERRED: _____

Introducing: _____

Phone (H) _____ (W) _____

Please evaluate for:

- General Periodontal Status _____
- Dental Implants _____
- Crown Lengthening _____
- Gingival Recession _____
- Cosmetic Gingival Plastic Surgery _____
- Localized Area _____
- Other _____

Comments/special considerations: _____

Medical considerations: _____

Planned restorative treatment: _____

Pertinent treatment to date has included: _____

- Radiographs: Given to patient Sent separately (FMX BW PAN)
- Please take as needed

Referred by: _____

Phone: _____