

Introducing _____ from Dr. _____

Please Evaluate for:

- Comprehensive Periodontal Therapy
- Localized Periodontal Problem _____
- Implant Consultation _____
- Soft Tissue Grafting _____
- Crown Lengthening _____
- Extraction of Teeth _____
- Surgical Exposure of Impacted Tooth _____
- Biopsy of _____
- 3-D Cone Beam CT Scan
 - Maxilla Mandible Both Arches Tooth: _____
- Other – Please Describe _____

Restorative Treatment Plan:

- Current Radiographs Available (*please select*):
 - Full Series Cone Beam CT Pan PA BWXRadiographs to be provided via Email Mail Patient
- Please take radiographs as indicated

Preferred Maintenance Plan:

- At Referring Doctor's Office At NJ Perio & Dental Implants
- Alternating Recalls

Preferred Method of Doctor Communication (select all that apply):

- Phone Email Fax Mail