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PATIENT NAME _____

PATIENT PHONE NUMBER _____

REFERRED BY _____ DATE REFERRED _____

SERVICES NEEDED

- Complete Periodontal Exam & Treatment
- Exam & Treatment of Area(s) Noted
- Evaluate for Tissue Graft
- Crown Lengthening of Area(s) Noted
- Evaluate for Dental Implants
- Periodontal Plastic Procedures
 - Anterior Esthetic Surgery
 - Ridge Augmentation
- Orthodontic Related Treatment
 - Pre-orthodontic Periodontal Evaluation
 - Tooth Exposure
 - Circumferential Fiberotomy
 - Frenectomy
- Cone Beam CT Scan
- Other _____

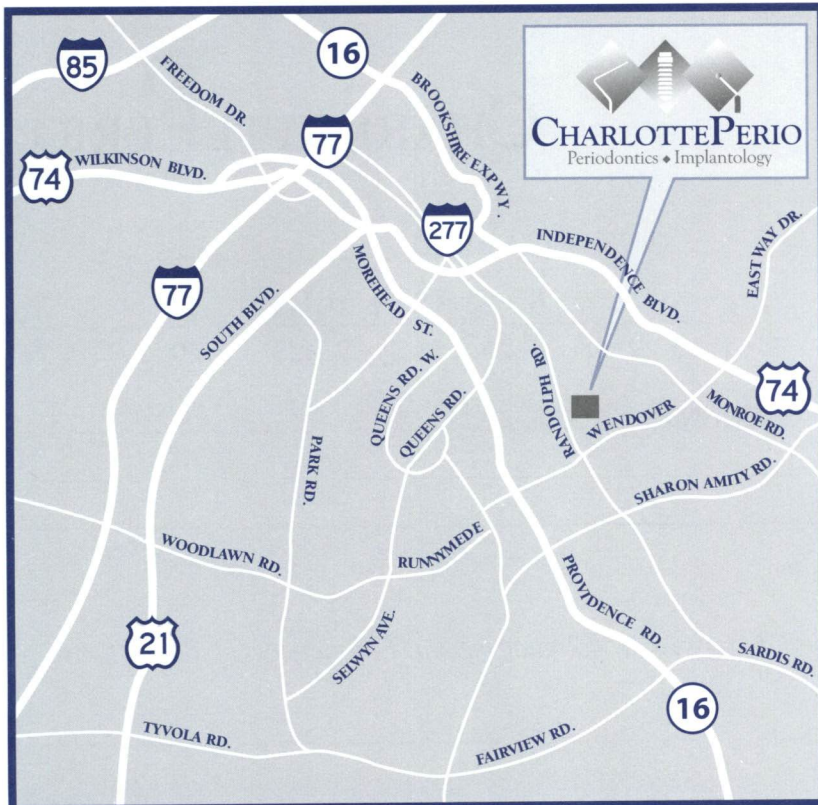
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| R | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | L |
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | |

COMMENTS _____

RADIOGRAPHS

- Please Take Radiographs/ No Current Radiographs Available
- Radiographs Being Sent Please Return Keep for Your Records

See Map on the Back for Directions



Directions from the North or the South

Take I-77 to the John Belk Freeway (I-277).
 Then take the 3rd Street Exit.
 Go right at the light onto 3rd Street.
 At Caswell Road, turn left.
 At the intersection with Randolph Road, turn right.