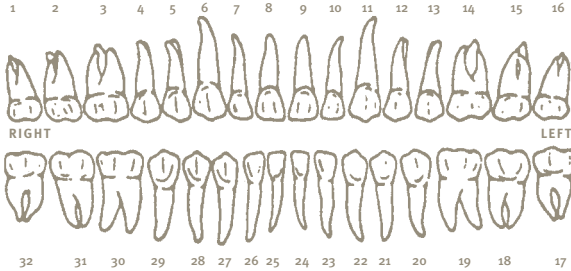


Introducing _____ Date _____

Referred by Dr. _____

Please evaluate and treat the following teeth:



- Please perform a comprehensive exam.
- Please perform a limited exam for: _____
- Patient has completed initial therapy and requires surgical evaluation for:

Please evaluate for:

- | | |
|---|---|
| <input type="radio"/> periodontal bone regeneration | <input type="radio"/> root coverage autograft |
| <input type="radio"/> crown lengthening | <input type="radio"/> edentulous ridge augmentation |
| <input type="radio"/> guided bone regeneration | <input type="radio"/> root resection |
| <input type="radio"/> exposure of impacted tooth | <input type="radio"/> frenectomy |
| <input type="radio"/> extraction | <input type="radio"/> other _____ |
| <input type="radio"/> soft tissue graft | |

- Please evaluate for endosseous implant(s).

Area _____

Initial Thoughts on Restorative Treatment Plan _____

Patient's Primary Concern(s) _____

Comments _____

