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APPT. DATE WITH DR. IASELLA

DATE _____

INTRODUCING _____

for periodontal consideration. Patient to be returned to referring dentist for all restorative dentistry.

REFERRED BY DR. _____

1) FULL PERIODONTAL EVALUATION (i.e. generalized recession, generalized pocketing, or full periodontal stability diagnosis prior to restorative treatment)

2) EMERGENCY EVALUATION

AREA _____

3) ISOLATED FRENUM, ATTACHED GINGIVA, OR ROOT COVERAGE PROBLEM

AREA _____

4) IMPLANT EVALUATION

AREA _____

5) HARD TISSUE SURGERY EVALUATION; CROWN LENGTHENING, ISOLATED POCKETING

AREA _____

COMMENTS ON ABOVE _____

PLANNED RESTORATIVE TREATMENT? _____
