BRADSHAW PERIODONTICS
Quality treatment with personalized care

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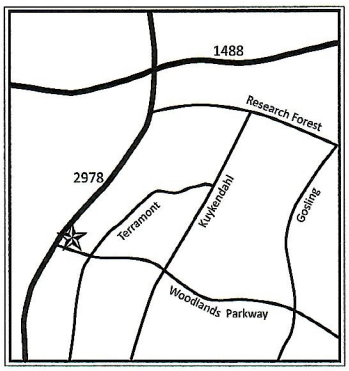

Date: _____

Patient Name: _____

Patient Phone Number: _____

Referring Doctor: _____

Phone: _____

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

Please Evaluate the Patient for the Following:

Periodontal Consultation
- ❑ Periodontal Evaluation
- ❑ Gingival Recession
- ❑ Gingivectomy
- ❑ Frenectomy
- ❑ Crown Lengthening
- ❑ Biopsy / Oral Lesion
- ❑ Pontic Site Development
- ❑ Tooth Exposure
- ❑ PAOO

Implant Consultation
- ❑ Implant Evaluation
- ❑ Extraction & Ridge Preservation
- ❑ Ridge Augmentation
- ❑ Sinus Augmentation

Date of x-rays: FMX _____ PANO _____ PA _____
Sending by: ❑ Email ❑ Mail ❑ Patient

Remarks: _____

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❑ Please call me before proceeding with treatment.