



Dakota Regional  
P E R I O D O N T I C S  
& Dental Implants

Date: \_\_\_\_\_ Referring Doctor: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ If Minor - Parent's Name: \_\_\_\_\_  
First Middle Last First Middle Last

Address: \_\_\_\_\_  
Street City/State Zip

Phone Numbers: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Work Cell

Date of Birth: \_\_\_\_\_

This Patient is scheduled in your office \_\_\_\_\_ at \_\_\_\_\_ AM/PM  
Date Time

Antibiotic premedication required  Yes  No

**REQUESTED SERVICES**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Full Periodontal Exam   | <input type="checkbox"/> Crown Lengthening  | <input type="checkbox"/> Biopsy                             |
| <input type="checkbox"/> Isolated Periodontal Exam - Site: _____   | <input type="checkbox"/> Ridge Augmentation | <input type="checkbox"/> Extraction & Site Preservation prn |
| <input type="checkbox"/> Implant Exam - Site(s): _____   | <input type="checkbox"/> Alveoplasty        | <input type="checkbox"/> Exposure                           |
| Implant System: Biomet <input type="checkbox"/> Zimmer <input type="checkbox"/> Straumann <input type="checkbox"/> | <input type="checkbox"/> Frenectomy         | <input type="checkbox"/> Sinus Lift                         |
| Patient returned to you with:  | <input type="checkbox"/> Tori Removal       | <input type="checkbox"/> Other: _____                       |
| Healing Collar <input type="checkbox"/> Abutment <input type="checkbox"/>  |   |   |

- Mucogingival / Grafting Exam - Site: \_\_\_\_\_ Site(s): (If multiple procedures and sites please delineate clearly)
- Aesthetic Exam - Site: \_\_\_\_\_
- Complex Case Management \_\_\_\_\_

**Radiographs:**

Date of Last FMX: \_\_\_\_\_ Panorex: \_\_\_\_\_ PA's: \_\_\_\_\_ BW's: \_\_\_\_\_

Radiographs sent via:  Email  Mail  Sent with patient

**Other Comments:**

Specific Restorative Plans: \_\_\_\_\_

Special Instructions and Health History Concerns: \_\_\_\_\_

Previous Periodontal Therapy: Please specify treatment and dates. \_\_\_\_\_