sonrisas
orthodontics and periodontics

PATIENT INFORMATION

Patient Name: _____ Patient Phone: _____

Date: _____ Referred By: _____ Referral Phone: _____

This patient has been referred for evaluation of the following:

PERIODONTICS

- ☐ Periodontal disease
- ☐ Implant placement
- ☐ Peri-implantitis
- ☐ Surgical extractions
- ☐ Osseous surgery
- ☐ Crown lengthening
- ☐ Bone regeneration
- ☐ Gum grafting surgery
- ☐ Frenectomy
- ☐ Gingivectomy
- ☐ Sinus elevation
- ☐ Biopsy

ORTHO-PERIO PROCEDURES

- ☐ Canine/tooth exposure
- ☐ TAD (Temporary anchorage device)
- ☐ MSE (Maxillary skeletal expander)
- ☐ Gummy smile correction

ORTHODONTICS

- ☐ Orthodontic evaluation
- ☐ Orthognathic surgical evaluation
- ☐ Orthodontic habit appliances
- ☐ Temporomandibular disorders

Comments

Doctor's signature

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