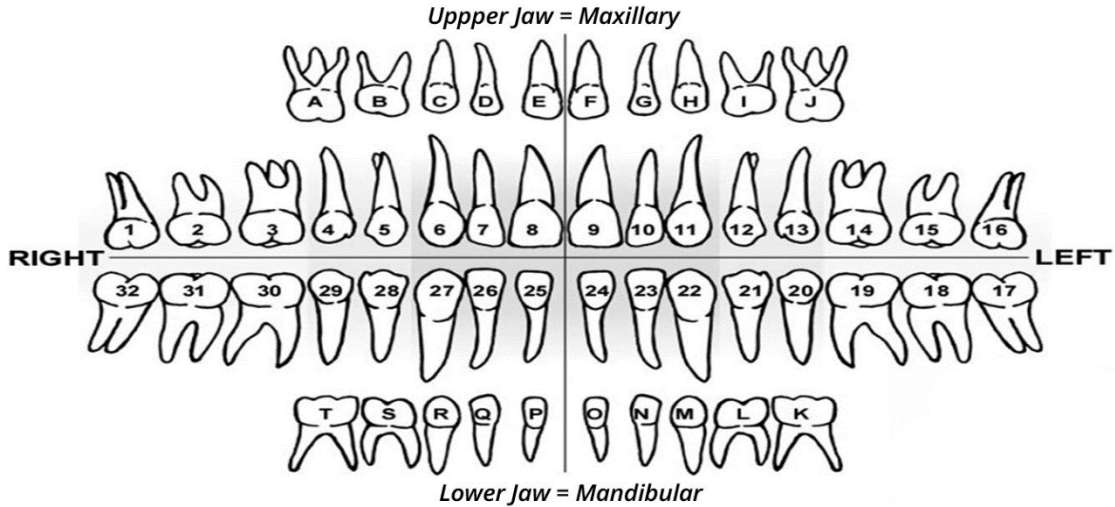


Patient Name: _____ Patient Date of Birth and Age: _____

Referring Doctor: _____

Date of last FMX: _____ PAN: _____ BWX: _____

History and Dates of Periodontal Treatment: _____



PERIODONTAL TREATMENT

- Periodontal exam
 - Specific location(s): _____

- Crown lengthening
- Soft tissue grafting

IMPLANT AND SURGICAL TREATMENT

- Implant(s) # _____
- Sinus graft
- Ridge augmentation
- Extraction(s) # _____
- Bone Grafting
- Exposure of unerupted tooth
- Biopsy
- Tori Removal

SPECIAL INSTRUCTIONS OR SPECIFICS:



KALAMAZOO PERIODONTICS

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