



LISA J. RICHARDSON AND ASSOCIATES

PERIODONTICS AND IMPLANT DENTISTRY

Dr. Lisa J. Richardson

Dr. Charles Alleyn

Introducing: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone (Res): \_\_\_\_\_ (Bus): \_\_\_\_\_

- Patient Referred:
- general periodontal exam
  - specific exam (as indicated below)
  - implant evaluation

- Previous periodontal therapy:
- recent scaling ( \_\_\_\_\_ )
  - recall appt. every \_\_\_\_\_ months
  - periodontal surgery

- Radiographs:
- Radiographs to be mailed before appointment
  - please take them and send me a set

Specific comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Restorative plan: \_\_\_\_\_

\_\_\_\_\_

Pertinent medical history or special considerations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- An appointment has been made \_\_\_\_\_
- Please call the patient
- Patient will call

Referred by Dr.: \_\_\_\_\_ Phone: \_\_\_\_\_