



SPECIALIZING IN PERIODONTICS AND IMPLANT DENTISTRY

Board Certified Diplomate of the American Board of Periodontology

Parkway Professional Center  
 101 N. E. 11th St.  
 East Wenatchee, WA 98802

Phone: 509-886-0664  
 Fax 509-886-9604

Email: [WENATCHEEPERIO@YAHOO.COM](mailto:WENATCHEEPERIO@YAHOO.COM)

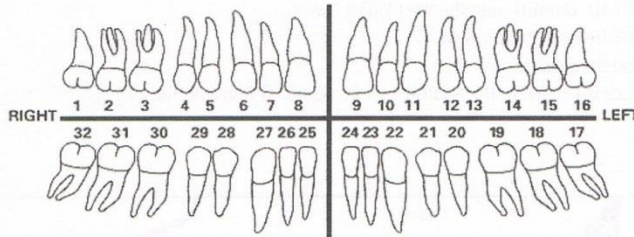
Introducing: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Appointment scheduled on \_\_\_\_\_ at \_\_\_\_\_ am / pm

Please call patient to schedule appointment  Patient will call to schedule appointment



Comprehensive periodontal examination Date last Scaling/Root Planing: \_\_\_\_\_

Limited examination:

Emergency examination: \_\_\_\_\_  Ridge augmentation: \_\_\_\_\_

Clinical crown lengthening: \_\_\_\_\_  Sinus augmentation: \_\_\_\_\_

Soft tissue grafting: \_\_\_\_\_  Uncovering impacted teeth: \_\_\_\_\_

Frenectomy: \_\_\_\_\_  Fiberotomy: \_\_\_\_\_

Implant examination: \_\_\_\_\_  Extraction: \_\_\_\_\_

Recent full mouth radiographs available:  Yes  No

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*If you are unable to keep an appointment, please give 48 hours notice.*

White copy - Give to patient      Yellow copy - Mail to our office      Pink copy - For your records