LASER PERIODONTICS & DENTAL IMPLANTS
OF SOUTH CAROLINA

Neda Azadivatan DDS

PERIODONTICS | IMPLANT DESTISTRY | TMJ DISORDERS

Patient: _____

Phone: _____ **Date:** _____

Reasons for Referral:

- ☐ Complete Periodontal Evaluation
- ☐ Implant Consultation
- ☐ Limited Periodontal
- ☐ Ares of Concern
- ☐ Crown Lengthening
  - ☐ Esthetic ☐ Functional
- ☐ Bone Regeneration
- ☐ Recession/ Grafting
- ☐ Emergency/ Absecss
- ☐ Ares of Concern _____
- ☐ TMJ
- ☐ Peri-Implantitis/ Failing Implant
- ☐ Other: _____

Treatment Discussion

Please call me:

- ☐ Before Examination
- ☐ After Examination

Treatment Done by Referring Office:

- ☐ Scaling and Root Planning
- ☐ UR / LR / UL / LL / ALL
- ☐ Treatment Date:

  _____
- ☐ Periodontal Maintenance

Radiographs

- ☐ FMX ☐ PAN ☐ BWx
- ☐ PAs
- ☐ CBCT
- ☐ Emailed
- ☐ Accompanying Patient
- ☐ Take Films

Implant Type

- ☐ Bicon
- ☐ Biohorizon
- ☐ Megagen
- ☐ Stauman
- ☐ Dentium

Restorative Thoughts: _____

_____

_____

Doctor: _____

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Please send recent x-rays to office@laserperiodds.com