



PATIENT ..... DATE .....

HOME PHONE ..... MOBILE PHONE .....

REFERRING DOCTOR .....

■ **periodontal examination**

COMPLETE EVALUATION       SITE SPECIFIC EVALUATION .....

PREVIOUS PERIODONTAL TREATMENT (I.E., SCALING, ETC.) .....

RECALL INTERVAL ..... ESTABLISHED PATIENT SINCE .....

■ **Rx procedures**

IMPLANT EVALUATION .....

GINGIVAL GRAFT .....

AESTHETIC RECONTOURING .....

CROWN LENGTHENING ..... IS TOOTH PREPARED? .....

APICAL SURGERY .....

EXTRACTION .....

OTHER .....

RESTORATIVE TREATMENT PLAN.....

RADIOGRAPHS AVAILABLE:     PANO     FMX     OTHER .....

OTHER REFERRALS:     ENDODONTIST .....

ORTHODONTIST .....     PROSTHODONTIST .....

PATIENT CONCERNS .....

ADDITIONAL COMMENTS .....

\* Half way between I-35  
and MoPac on the north  
side of William Cannon.

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