

Date:

Patient Name:

Patient Phone:

Patient Email:

Medical Alerts:

Planned Restorative Treatment:

Services Needed:

Extraction

TAD placement

LANAP

Sedation (IV/Oral)

Crown Lengthening

HPV/DNA/Bacterial Testing

Gingival Grafting

Circumferential Fibrotomy

Dental Implant(s)

Call Office Prior to Examining

Sinus/Ridge Augmentation

Patient

Exposure/Frenectomy

Teeth To Be Evaluated/Treated:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

R

L

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Comments:

Radiographs:

Please Take

Being Sent (date:)

Preferred Office Location:

Apex

1783 West Williams St.
Apex, NC 27523
(919) 363-1501

Chapel Hill

920 MLK Jr. Blvd.
Chapel Hill, NC 27514
(919) 967-5099

Raleigh

2310 Myron Dr.
Raleigh, NC 27607
(919) 781-6217