INLAND PERIODONTICS

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Please arrive at the office 10-15 minutes early to complete necessary paperwork,
or** complete the online patient registration at **www.inlandperio.com

Patient _____ Date _____

Referred by Dr. _____ Patient Phone # _____

I. Reason for referral

_____	Complete Periodontal Exam	_____	Frenectomy
_____	Limit Periodontal Exam	_____	Extraction With Site Preservation
_____	Osseous Surgery	_____	Ridge Augmentation
_____	LANAP - Laser Surgery	_____	Sinus Augmentation
_____	Crown Lengthening	_____	Oral Implants
_____	Tooth Exposure for Ortho	_____	Oral Pathology/Biopsy
_____	Gingival Grafting	_____	Other

Comments: _____

_____

_____

II. ☐ X-ray will be sent ☐ X-ray should be taken Most Recent FMX _____

Has S&RP been completed? YES ☐ NO ☐ Date: _____ Quads: _____

WHITE- FILE CARD - PATIENT

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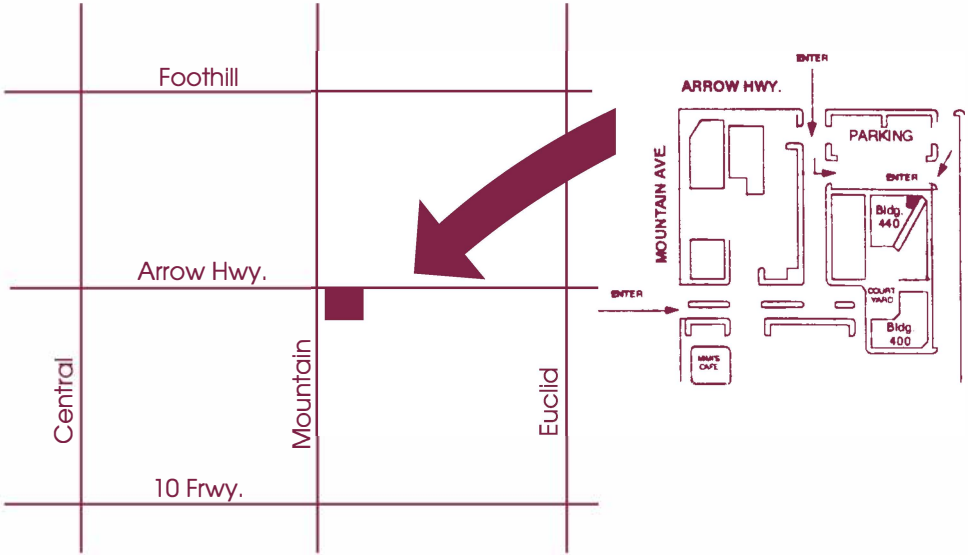

TAKE ELEVATOR TO THE THIRD FLOOR