



Progressive
Periodontics
12025 SW 70th Ave
Tigard, OR 97223

p 503 924-6505
f 503 924-6507
info@myperiopro.com

Pt Name: _____
Referred by: Dr. _____
_____ RDH

Pertinent Med History: _____

Appointment:

- Made for Pt. Date _____ Time _____
- Pt instructed to call for appointment
- Please contact pt for appointment: Contact info. _____

Please evaluate:

- General periodontal condition (comprehensive exam and FMX required)
- Isolated Area Teeth #s _____ (lim exam and PA required)
- Dental Implants Teeth #s _____
- Implant site preparation/ridge or sinus augmentation
- Mucogingival Problem Teeth #s _____
- Esthetic or Functional Crown Lengthening #s _____
- LANAP _____
- Other _____

Radiographs: FMX _____ Pano _____ PA(s) _____

- Mailed (date) _____ Emailed(date) _____
- Were sent with patient
- Please take

Treatment Completed:

- Gross scaling and polish (date) _____
- Root Planning (date) _____
- Regular maintenance (last date) _____ Every _____ months

Special Instructions

