Brock D Herriges DMD
Periodontics and Dental Implants

Referring Dentist: _____ Off Ph _____ Date:_____

Patients Name: _____ Hm Ph _____ WkPh_____

Patients Address _____ Zip Code: _____

❑ Patient will call us. ❑ You wish us to call the patient

Type of Exam:

❑ Complete Perio Exam

❑ Isolated Area. Explain: _____

_____

❑ Implant Exam

Radiographs:

Date ot most recent FMX series: _____

(Note: Past years X-rays appreciated)

❑ X-rays emailed to info@s.periopdx.com

❑ Please schedule FMX in Perio office

The Following Has Been Completed:

❑ Emergency Operatives.

❑ Gross Scale & Polish. Date: _____

❑ Root Planing and Curettage.

No. of Appts: _____ Date:_____

❑ Extensive Oral Hygiene Instructions.

❑ No Perio Treatment Rendered.

Patient Information:

❑ New Patient ❑ Regular Care ❑ Irregular Care ❑ PreMed

❑ Other Family Member Referred. Name: _____

❑ High Dental Anxiety

Restorative Treatment Plan:

❑ In Progress: _____

_____

❑ Future Plans: _____

_____

❑ Alternatives: _____

Comments

_____

_____

_____

_____

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