



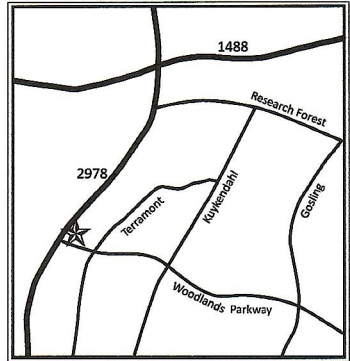
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WOODLANDS PERIODONTICS
& IMPLANT DENTISTRY



Date: _____

Patient Name: _____

Patient Phone Number: _____

Referring Doctor: _____

Phone: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Please Evaluate the Patient for the Following:

Periodontal Consultation

- Periodontal Evaluation
- Gingival Recession
- Gingivectomy
- Frenectomy
- Crown Lengthening
- Biopsy / Oral Lesion
- Pontic Site Development
- Tooth Exposure
- PAOO

Implant Consultation

- Implant Evaluation
- Extraction & Ridge Preservation
- Ridge Augmentation
- Sinus Augmentation

Date of x-rays: FMX _____ PANO _____ PA _____

Sending by: Email Mail Patient

Remarks: _____

Please call me before proceeding with treatment.