

# ALEC J. TEMLOCK, DMD, MS

Diplomate, American Board of Periodontology

Patient Name: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

## REASON FOR REFERRAL :

- Comprehensive Periodontal Evaluation
- Limited Periodontal Consultation
- Dental Implant Consultation

## AREA(S) OR TEETH FOR CONSULTATION :

- Full Mouth
- Quadrant (Please Circle): UR / UL / LL / LR
- Specific Teeth (Please Identify): \_\_\_\_\_

## PERIODONTAL CONCERN :

- Deep Pockets / Bleeding on Probing
- Osseous Irregularities
- Tissue Recession
- Inadequate Attached Gingiva
- Other: \_\_\_\_\_
- Crown Lengthening
- Dental Implants
- Extractions / Ridge Preservation
- Ridge Augmentation

## PREVIOUS PERIODONTAL TREATMENT RECOMMENDED OR COMPLETED :

- Scaling and Root Planing: UR / UL / LL / LR
- Periodontal Surgery:  
Area Treated: \_\_\_\_\_  
Previous Treatment Description: \_\_\_\_\_
- Date Completed: \_\_\_\_\_
- Date Completed: \_\_\_\_\_

Current Periodontal Maintenance Interval: \_\_\_\_\_

Last Maintenance Visit (Date): \_\_\_\_\_

Additional Information / Special Instructions: