

PAMELA Z. BALDASSARRE, DMD  
PRACTICE LIMITED TO PERIODONTICS

Today's Date: \_\_\_\_\_ Appt. Date: \_\_\_\_\_ Location: \_\_\_\_\_

Patient's Name: \_\_\_\_\_  
FIRST NAME LAST NAME

Patient's Phone: \_\_\_\_\_ Referred by: \_\_\_\_\_

Reason for Referral- Specific Area of Concern:

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

## PERIODONTAL THERAPY

- |  |   |
|--|---|
| <input type="checkbox"/> Complete Periodontal Exam & Treatment | <input type="checkbox"/> Extractions/ Socket Preservation |
| <input type="checkbox"/> Localized/ Limited Exam & Treatment   | <input type="checkbox"/> Ridge Augmentation: hard tissue  |
| <input type="checkbox"/> Soft Tissue Grafting                  | <input type="checkbox"/> Ridge Augmentation: soft tissue  |
| <input type="checkbox"/> Pinhole Surgical Technique            | <input type="checkbox"/> Regeneration                     |
| <input type="checkbox"/> Esthetic Crown Lengthening            |   |
| <input type="checkbox"/> Crown Lengthening                     |   |

## IMPLANT THERAPY

- |  |  |
|--|--|
| <input type="checkbox"/> 3D CBCT             | <input type="checkbox"/> Ridge Augmentation                    |
| <input type="checkbox"/> Dental Implants     | <input type="checkbox"/> Fixed Hybrid                          |
| <input type="checkbox"/> Socket Preservation | <input type="checkbox"/> Implant Supported Removable Appliance |

## OTHER SERVICES

- |   |  |
|---|--|
| <input type="checkbox"/> Frenulectomy                 | <input type="checkbox"/> Soft/ Hard Tissue Biopsy                |
| <input type="checkbox"/> Intravenous or Oral Sedation | <input type="checkbox"/> Surgically Assisted Orthodontic Therapy |
| <input type="checkbox"/> Tooth Exposure               | <input type="checkbox"/> OTHER:                                  |

## RECENT FULL MOUTH RADIOGRAPHS

- Available, date taken: \_\_\_\_\_  Unavailable, please take new radiographs
- Patient will bring  Emailed to office  Mailed to office

Special Instructions or Comments: