Akron
Periodontics & Dental
Implantology

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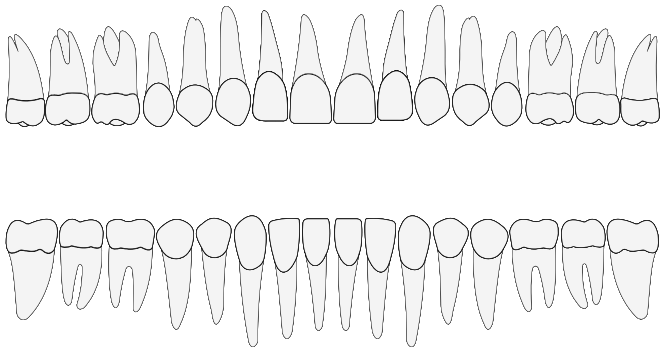
PATIENT INFORMATION

Patient Name _____ Birth Date: _____

Referring Doctor _____ Patient's phone #: _____



Reason for Referral:

- ◯ Generalized Periodontal Disease _____
- ◯ Localized Periodontal Disease # _____
- ◯ LANAP (Laser Assisted New Attachment Procedure) _____
- ◯ Regenerative Periodontics / Bone Augmentation _____
- ◯ Teeth Extraction # _____
- ◯ Dental Implants # _____
- ◯ Crown Lengthening: ☐ Functional ☐ Esthetic
- ◯ Gingival Recession # _____
- ◯ Frenectomy: ☐ Max ☐ Mand
- ◯ Surgical Exposure of Impacted teeth _____
- ◯ Biopsy/oral lesions _____
- ◯ IV Sedation _____
- ◯ CBCT _____

Referral Notes:

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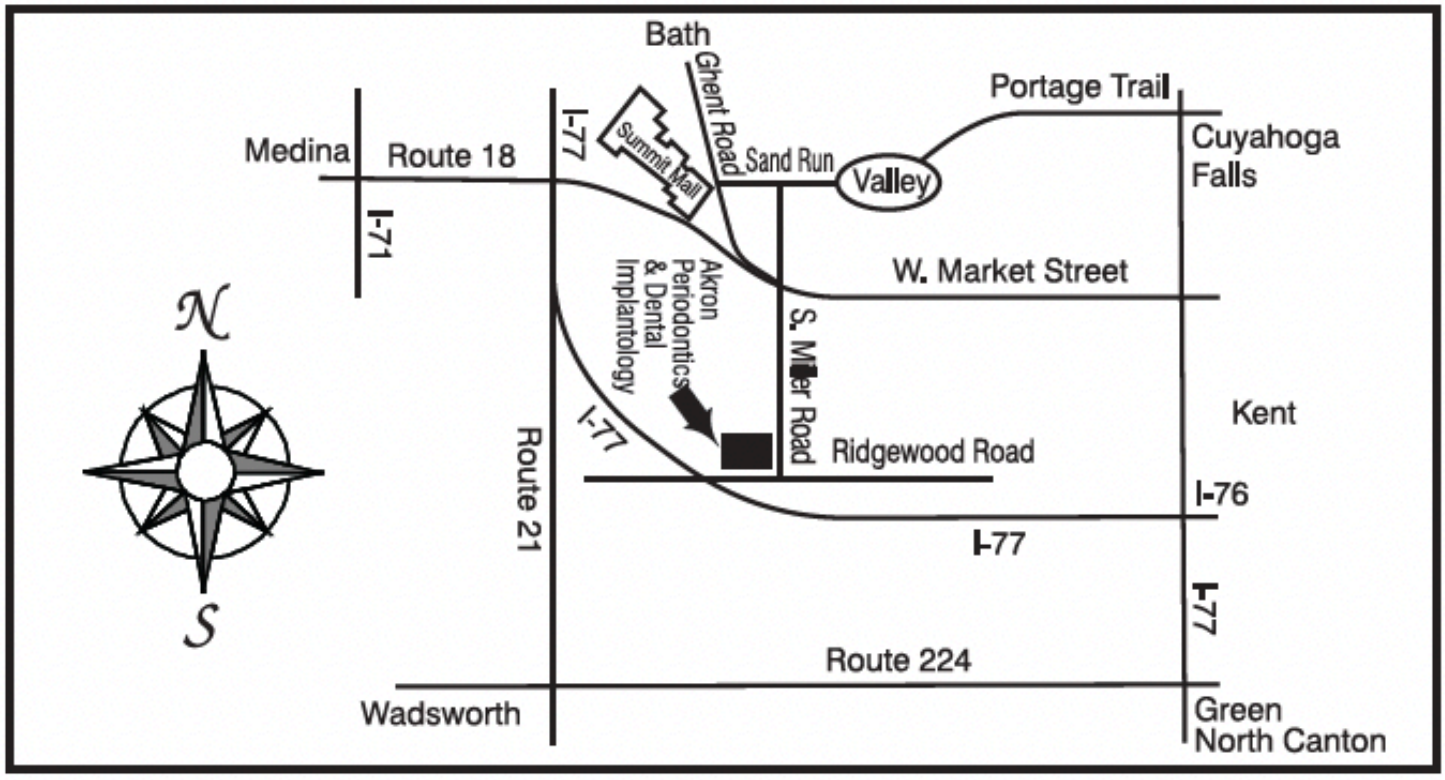
Please send current xrays to info@akronperio.com

A current FMX will be greatly appreciated

akronperio.com


Bath
Ghent Road
Portage Trail
Medina
Route 18
I-77
Summit Mall
Sand Run
Valley
Cuyahoga Falls
I-71
W. Market Street
Akron Periodontics & Dental Implantology
S. Miller Road
N
S
I-77
Kent
Route 21
Ridgewood Road
I-76
I-77
I-77
Route 224
Wadsworth
Green
North Canton