



**MATIA
& LEMKE**
PERIODONTICS

1706 BEALL AVENUE
WOOSTER, OHIO 44691
(330) 264-5851

750 E. WASHINGTON STREET
STE. B2
MEDINA, OHIO 44256
(330) 725-6151

FAX (330) 264-5027

Patient Name _____

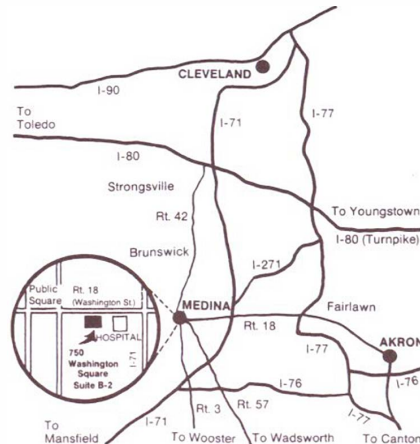
Appointment Date _____

Office Locations

1706 Beall Avenue
Wooster, Ohio 44691
(330) 264-5851



750 E. Washington Street, Ste. B2
Medina, Ohio 44256
(330) 725-6151



**James I. Matia, DDS, MSD
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Medina, Ohio 44256
(330) 264-5851 (330) 725-6151

**Fax (330) 264-5027
www.drjamesmatia.com**

Introducing _____
For Periodontal Consultation.

Address _____

Phone _____

Referred by Dr. _____

Date _____

Please provide the information below to the treatment coordinator when scheduling the first appointment.

- _____ Generalized periodontal work-up required
- _____ Isolated periodontal procedure required
- Area _____
- _____ Crown lengthening Area _____
- _____ Temporomandibular Joint Disorder (TMD)
- _____ Implants
- _____ Other

Additional Remarks: _____

Significant Medical Concerns: _____

Is Pre-medication needed? _____

Medication prescribed _____

FULL MOUTH RADIOGRAPHS

SENT WITH PATIENT

MAILED TO BE TAKEN

REMOVE FOR PATIENT
COMPLETE AND RETURN TO DR. MATIA