Matthew J. Lemke, D.D.S., M.S.
Khawla Al-Johani, D.D.S., M.S.D.

Lemke DDS MS LLC
Advanced Periodontics, Dental Implants, Laser Therapy
Fax (330) 264-5027 www.MLPERIO.com

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

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

Referred by: _____

Date: _____

Patient Name: _____

Phone: _____

Tooth/Area

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

Referring for:

- ☐ Dental Implant Placement
  - ☐ Tooth number(s) _____ Full Arch _____
- ☐ Periodontal Disease
  - ☐ Localized
  - ☐ Generalized
- ☐ Laser
- ☐ Ridge Aug/Sinus Lift
- ☐ Periodontal Maintenance Care
- ☐ Gingival Recession
- ☐ Clinical Crown Extension
- ☐ Tooth Extraction
- ☐ Frenectomy
- ☐ TMJ Scan
- ☐ CT Scan

Other_____

Full Mouth Radiographs
- ☐ Sent with Patient
- ☐ Mailed
- ☐ To Be Taken

Remarks: _____

_____

_____