

Dr. Lemke and Dr. Mehandru

Advanced Periodontics, Dental Implants, Laser Therapy
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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 <ul style="list-style-type: none"><input type="checkbox"/> Sent with Patient<input type="checkbox"/> Mailed<input type="checkbox"/> To Be Taken

Remarks: _____

