

DANIEL D. ROBERTS, D.D.S., A.P.C.

*practice limited to periodontics and dental implants with
focus on laser therapy and cosmetic results*

 Patient Name

Date

 Patient Phone

 Responsible Party

 Referring Dr.

 Radiographs: Mailed With Patient Take PRN

 PreMed Needed: Yes No

Tx Requested:

 Perio Eval _____

 Implant Consult _____

 Periodontal Plastic Surgery for:

- Recession
- Inadequate Attached Gingiva
- Root sensitivity
- Frenum Pull
- Smile Design
- Ridge Augmentation

 Teeth /Area

-
- Crown Lengthening Sites:
- For Restoration (area of tooth)
 - For Smile Design

 Biopsy _____

 Periodontal Treatment for Orthodontics

 Comments

(Room for additional comments on back of Doctor's copy)

Please Mail this copy to Dr. Roberts
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