

**Mark Sebastian, DMD, PLLC**

*Specialist in periodontal care and dental implant surgery*

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**Introducing:** \_\_\_\_\_ **Date** \_\_\_\_\_

Name \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_

\_\_\_\_\_ Home phone \_\_\_\_\_

\_\_\_\_\_ Cell phone \_\_\_\_\_

**Referred By Dr.** \_\_\_\_\_

- Most Recent FMX \_\_\_\_\_ Panorex \_\_\_\_\_
- BWX \_\_\_\_\_ CT scan \_\_\_\_\_

- Comprehensive examination/treatment
- Full mouth scaling was completed. Approximate dates \_\_\_\_\_
- Limited treatment \_\_\_\_\_
- Restorative crown lengthening \_\_\_\_\_
- Esthetic crown lengthening \_\_\_\_\_
- Frenectomy \_\_\_\_\_
- Gingival grafting \_\_\_\_\_
- Root coverage gingival grafting \_\_\_\_\_
- Other (describe) \_\_\_\_\_

- Implants \_\_\_\_\_
- X-rays are available (please mail or e-mail any pertinent x-rays)
- Take the needed x-rays and remit a copy to the referring doctor
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_