



DAVIS PERIO
 & IMPLANT CENTER

David Du, DDS, MS
*Board Certified in Periodontology and
 Implant Surgery*

Introducing _____
 Phone: (H) _____ (W) _____
 Referred by Dr. _____

Date _____
 New Patient to Us _____
 Returning Patient _____

An appointment has been reserved on _____ at _____

Please Evaluate: 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

Recent _____ FMX _____ PAX's

- _____ Please Take
- _____ Mailed to your office
- _____ Coming with patient

- _____ Limited Evaluation as Indicated
- _____ Dental Implants* _____ Crown lengthening**
- _____ Soft Tissue Grafts** _____ Other _____

_____ Complete Periodontal Evaluation*
**FMX REQUIRED ** PERIAPICALS REQUIRED*

Patient Concerns / Fears/ Motivators _____

Special Instructions or Comments _____