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Diplomate of the American Board of Periodontology
Periodontics, Laser Therapy, Dental Implants & Plastic Surgery For Your Smile

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Date: _____ Introducing: _____

Patient Phone Number: _____ Time and Date of Appointment: _____

Referring Doctor Name / Phone Number / E-mail: _____

FOR PROCEDURE AS FOLLOWS:

- Comprehensive Full Mouth Examination
- Isolated Areas: _____
- Emergency Treatment: _____
- Pre - Orthodontic Treatment Visit: _____
- LANAP - Laser Assisted New Attachment Procedure: _____
- Dental Implant Evaluation: _____
- Gingival Grafting: _____
- Oral Conscious Sedation (OCS)
- Cone Beam Computed Tomograph (CBCT)
- Cone Beam Computed Tomograph (CBCT) with report from board certified dental radiologist

SUPPORTIVE PERIODONTAL THERAPY (SPT) HISTORY:

Patient Compliance Regular Sporadic / Recall Schedule Every _____ Months

PREVIOUS PERIODONTAL TREATMENT:

- None Maintenance Only
- Scaling / Root Planing
 - UR UL LL LR Date Completed: _____
- Periodontal Surgery
 - UR UL LL LR Date Completed: _____
- Other: _____

RADIOGRAPHS:

- FMS BW PANO CBCT
- to be E-mailed accompanied with patient mailed prior to appointment
- Current radiographs not available, take any x-rays needed for your diagnosis / treatment

PLEASE CONTACT ME:

- Prior to examination Prior to beginning treatment Via Telephone Via E-mail

SPECIFIC RESTORATIVE PLANS:

- I am planning the following restorative (or other) treatment:

- Please make recommendations / suggestions which you feel are appropriate

UPON COMPLETION OF ACTIVE PERIODONTAL THERAPY, I WOULD PREFER TO:

- Ask you to do all necessary scaling for periodontal maintenance
- Alternate periodontal maintenance with you Do all periodontal maintenance myself

SPECIAL INSTRUCTIONS:

- Medical Complications Premed Other: _____

COMMENTS: _____

REFERRAL FOR RADIOGRAPHIC SURVEY ONLY:

- Cone Beam Computed Tomograph (CBCT)
- Cone Beam Computed Tomograph (CBCT) with report from board certified dental radiologist

PURPOSE:

- Implant Analysis TMJ Analysis Nasopharynx / Oropharynx / Airway Analysis
- Other: _____

CBCT FORMAT PREFERENCE: E-mailed Disc (Hard Copy)

