



TODAY'S DATE _____

Please Schedule an Appointment With:

- Dr. Jessica Stilley DMD, MS
- Dr. Camille Medina DMD, MS
- Dr. Armita Mashkouri DMD, MS
- First Available

PATIENT: _____

HOME PHONE: _____ WORK PHONE: _____

REFERRED BY DR. _____ DR'S PHONE: _____

Most recent full mouth series of periapical radiographs are dated: _____
(Please send copy if taken within past 12 months)

Periodontal debridement has been completed date: _____
(soft tissue management)

PLEASE EVALUATE MY PATIENT FOR THE FOLLOWING:

- Full mouth periodontal evaluation
- Isolated area of periodontal breakdown
Please specify: _____
- Soft tissue coverage of denuded root surface
connective tissue graft, tooth #: _____
- Mucogingival defect
autogenous gingival graft, tooth #: _____
- LANAP: _____
- Exposure of additional sound tooth structure, *tooth #:* _____
- Ridge augmentation (*cosmetic*)
- Ridge augmentation and/or sinus graft to facilitate implant placement
- Endosseous implants
- Occlusal trauma

NOTES & COMMENTS:



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