MIDWEST DENTAL SPECIALISTS

Dr. Greg Phillips, DDS, MSD

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Introducing: _____

Date: _____ **Patient Phone:** _____

Referred by Dr.: _____

Phone #: _____

Email: _____

- ☐ Comprehensive Periodontal Examination
- ☐ Limited Examination: Area _____
  - ☐ Crown Lengthening
  - ☐ Bone Loss
  - ☐ Frenum
  - ☐ Gingival Graft
- ☐ Implant Examination: Area _____

Radiographs:

- ☐ Please take full mouth survey
- ☐ Please take x-rays
- ☐ We are sending x-rays

Comments _____

_____

_____

Appointment Date & Time: _____