

ContemporaryPerio.com
 8487 Fourth Street N.
 St. Petersburg, Florida 33702
 (727) 579-8487
 Fax (727) 578-8500



CONTEMPORARY PERIODONTICS
 & IMPLANT DENTISTRY

Michael R. Tesmer, D.M.D., M.S.
 Diplomate, American Board of Periodontology

Gregory Langston, D.M.D., M.S.D.
 Diplomate, American Board of Periodontology

Please E-MAIL to appointments@contemporaryperio.com
 or FAX to: 727-578-8500 and give referral form to patient

Referring Doctor

Date: _____ Name: _____

Patient Information

Name: Mr./Ms./Mrs./Dr. _____

Telephone () _____ Email: _____

POSTERIOR					ANTERIOR						POSTERIOR						
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

- | | | |
|---|---|---|
| <input type="checkbox"/> Periodontal Disease _____ | <input type="checkbox"/> Extraction/Graft _____ | <input type="checkbox"/> Guided Tissue Regeneration _____ |
| <input type="checkbox"/> Recession Treatment _____ | <input type="checkbox"/> Dental Implants _____ | <input type="checkbox"/> Tooth Exposure _____ |
| <input type="checkbox"/> Crown Lengthening _____ | <input type="checkbox"/> Sinus Augmentation _____ | <input type="checkbox"/> Frenectomy _____ |
| <input type="checkbox"/> Pre Orthodontic Periodontal Augmentation _____ | <input type="checkbox"/> Ridge Augmentation _____ | <input type="checkbox"/> 3D Scan _____ |
| <input type="checkbox"/> Full Arch Implant Restoration / Hybrid _____ | | |

Remarks/Instructions: _____

Please email all digital radiographs to xrays@contemporaryperio.com

<input type="checkbox"/> Will be e-mailed / mailed	<input type="checkbox"/> Sent with patient
<input type="checkbox"/> FMX	<input type="checkbox"/> Panoramic / CBCT
<input type="checkbox"/> PA # _____	<input type="checkbox"/> Take new FMX PA Panoramic / CBCT

My Treatment Plan Includes: _____

Appointment: Day _____ Date _____ Time _____