



Monica A. Lamble D.D.S., M.S.

ADVANCED PERIODONTICS & DENTAL IMPLANTS

205 NORTH COLONY DRIVE

SAGINAW, MI 48638

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PATIENT _____ DATE _____

APPOINTMENT TIME _____

REFERRED FOR

PERIODONTAL CONDITION

BRUXISM AND/OR TMJ PROBLEMS

PERI-IMPLANTITIS # _____

CROWN LENGTHENING # _____

EXTRACTION(S) # _____

IMPACTED TOOTH EXPOSURE # _____

IMPLANT(S) # _____

PRE ORTHODONTIC TREATMENT _____

RIDGE AUGMENTATION # _____

CBCT SCAN ONLY - _____ FULL MOUTH
_____ MANDIBULAR _____ MAXILLARY

RECESSION # _____

IV SEDATION

ORAL LESION _____

OTHER _____

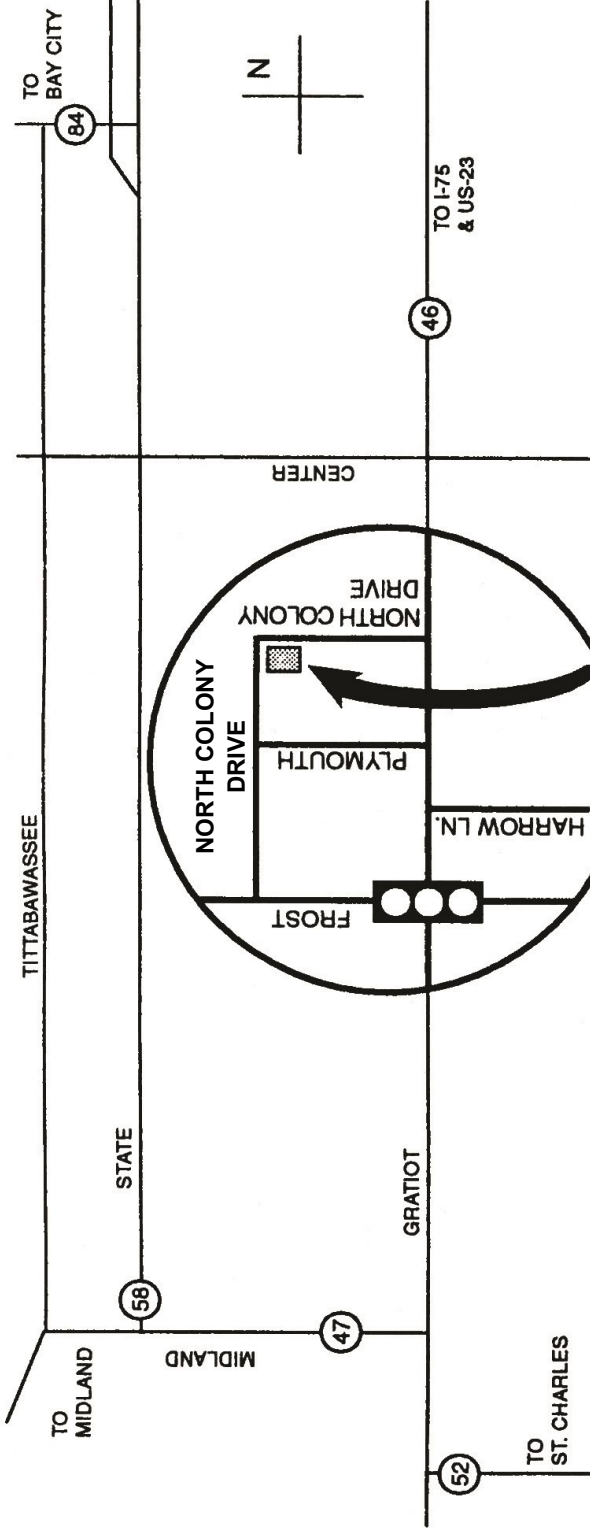
PLEASE SEND MOST RECENT FULL MOUTH RADIOGRAPHS FOR ALL PERIODONTAL REFERRALS IF TAKEN. THANK YOU.

DATE OF MOST RECENT FMX _____ DATE OF LAST ROOT PLANING _____

REMARKS _____

DO YOU HAVE SPECIFIC RESTORATIVE PLANS? _____

REFERRED BY DR. _____



205 NORTH COLONY DR.

North off Gratiot (M-46) - One block west of Center

SAGINAW, MI 48638