



THE PERIODONTAL CENTER

WOODBURY
748 Bielenberg Drive
Suite 150

HUDSON
1610 Maxwell Drive
Suite 100

David B. Paulson, DDS, MS

APPOINTMENT DATE _____ TIME _____

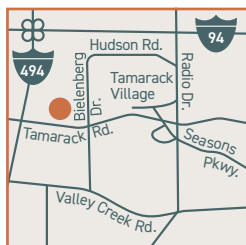
INTRODUCING _____ BIRTHDATE _____

EVALUATION AND TREATMENT FOR:

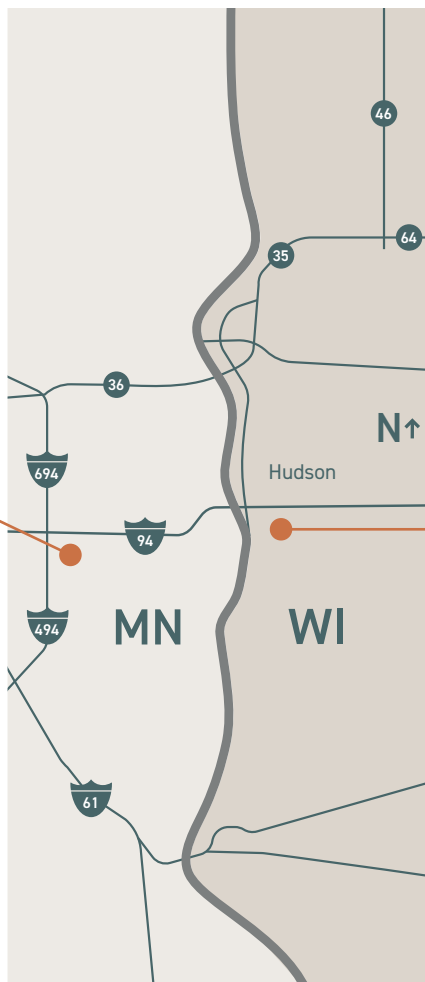
- Comprehensive Periodontal Evaluation
 Previous Periodontal Treatment _____ Date _____
 Scaling/Root Planing Within the Last 2 Years? YES NO
 Recall Frequency _____
- Localized Periodontal Evaluation, Tooth #(s) _____
- Implant Consultation, Tooth #(s) _____
- Crown Lengthening, Tooth #(s) _____
- Ridge Augmentation / Bone Regeneration
- Sinus Lift
- Soft Tissue Grafting / Recession, Tooth #(s) _____
- Gingivectomy
- Frenectomy
- Orthodontic Uncovering, Tooth #(s) _____
- Extraction, Tooth #(s) _____
- Other _____

REMARKS

REFERRED BY _____ DATE _____



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