



**Arizona's
Implant • Perio
Health
Professionals**

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Specialist in Periodontics & Dental Implants
Diplomate of the American Board of Periodontology**

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Specialist in Periodontics & Dental Implants**

PATIENT NAME: _____

PATIENT TELEPHONE: _____

PATIENT TO BE SEEN FOR:

- | | |
|--|---|
| <input type="checkbox"/> Complete Periodontal Exam & Therapy | <input type="checkbox"/> Limited Exam & Therapy |
| <input type="checkbox"/> Aesthetic Periodontal Therapy | <input type="checkbox"/> Implant Therapy |
| <input type="checkbox"/> Pathology | <input type="checkbox"/> Cone Beam |
| <input type="checkbox"/> Recession | <input type="checkbox"/> Other |

DIAGNOSTIC MATERIALS:

Is a full mouth series of the affected area available? Yes No
If so, please email with referral to xrays@azphp.com

Are diagnostic models available? (if needed) Yes No

PERIODONTAL TREATMENT COMPLETED:

- Plaque Control and Oral Hygiene Instruction (date: _____)
- Root Planing and Scaling (quads _____)

FUTURE RESTORATIVE

- Crowns on #'s _____
- Bridges on #'s _____
- Remov. prosth. (location) _____
- Caries on #'s _____
- Old Alloy Amalgam Replacement on #'s _____
- Cosmetics/Veneers/Composites on #'s _____
- Other _____

CASE PLANNING

- Letter Please call **BEFORE** examination Please call **AFTER** examination

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

COMMENTS

Dr. Name _____ Date _____

Thank you for your confidence in our office to treat your patients. *Pete and Brian*

CONSULTATION PRIOR TO TREATMENT:

- Allows you to understand diagnosis
- Level of need for treatment
- Risk and benefits of treatment
- Financial responsibilities and insurance coverage

SEDATION: A CONSULTATION IS REQUIRED

- **DO NOT** have anything to **EAT** or **DRINK**, including water for 6 hours prior to surgery
- Please secure a responsible driver to escort you both ways
- Wear short-sleeved, loose comfortable clothing
- If contacts are worn, please remove before leaving home



**SCAN FOR
DIRECTIONS**