Arizona´s
Implant • Perio
Health
Professionals

Pete N. Mellas, D.M.D., M.S., P.L.L.C.
Specialist in Periodontics & Dental Implants
Diplomate of the American Board of Periodontology

PATIENT NAME:_____

PATIENT TELEPHONE:_____

PATIENT TO BE SEEN FOR:

- ☐ Complete Periodontal Exam & Therapy
- ☐ Aesthetic Periodontal Therapy
- ☐ Pathology
- ☐ Recession
- ☐ Limited Exam & Therapy
- ☐ Implant Therapy
- ☐ Cone Beam
- ☐ Other

DIAGNOSTIC MATERIALS:

Is a full mouth series or of affected area available? ☐ Yes ☐ No

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**

RIGHT	A	B	C	D	E	F	G	H	I	J	LEFT
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
			T	S	R	P	Q	O	N	M	L	K			

COMMENTS

Dr. Name_____ Date_____

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

4910 East Greenway Road • Suite 2
Scottsdale, Arizona • 85254-1653
Phone 602.404.4458 • Fax 602.404.8287

Member of American Academy of Periodontology
Email • AZPHP@AZPHP.com
Website • www.AZPHP.com