perioworks
PERIODONTICS & IMPLANT DENTISTRY

Dr. Hazem Saqqal
Board Certified Periodontist

PATIENT INFORMATION

Patient's Name: _____

Today's Date: _____

Email: _____ Phone: _____

Referred by: _____

REFERRED FOR

- ☐ Complete Periodontal Exam & Treatment
- ☐ Local Exam & Treatment
- ☐ Crown Lengthening
- ☐ Gingivectomy
- ☐ LANAP
- ☐ Soft Tissue Grafting
- ☐ Pocket Reduction
- ☐ Periodontal Bone Grafting
- ☐ Implant Placement
- ☐ Immediate Implant Placement & Provisional Crown
- ☐ Extraction
- ☐ Pre-Prosthetic Surgery (Tori Removal/Alveoplasty)
- ☐ Soft Tissue Biopsy
- ☐ Canine Exposure
- ☐ Frenectomy
- ☐ Orthodontic Mini Implants (TADS)
- ☐ Accelerated Osteogenic Orthodontics (AOO)
- ☐ Sinus Augmentation
- ☐ Ridge Augmentation
- ☐ Full Mouth Reconstruction / Full Arch Implants

Please Mark Service and Indicate Teeth Using Chart

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

NOTES:

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SCAN QR CODE TO VISIT WEBSITE AND MAKE YOUR APPOINTMENT >