



MARY E. JOYCE, DMD, MSD | GREGORY A. WOOD, DMD, MS
BOARD CERTIFIED IN PERIODONTICS & DENTAL IMPLANTS

Today's Date: _____

Patient Name: _____ Phone: _____

Referring Dentist: _____

Preferred Doctor: Dr. Joyce Dr. Wood 1st Available

1. X-Rays

Being Sent Panorex FMX Bitewings Please take CBCT

2. Periodontics

Periodontal Evaluation Endodontic/Periodontic combined problem Tooth # _____
Mx Rt Mx Ant Mx Lt
Md Rt Md Ant Md Lt Guided Tissue Regeneration Teeth # _____

3. Implants

Evaluate for implants (circle teeth to indicate position of implants):

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

Evaluate for sinus lift _____

4. Esthetic Periodontal Evaluation

Crown Lengthening Teeth # _____ Recession Teeth # _____

5. Tentative Restorative Treatment Plan

To be determined after completion of Periodontal therapy.

Extractions ○ Crowns ○ Bridges ○

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

Removable partial dentures Complete denture
Mx Md Mx Md

6. Remarks:

