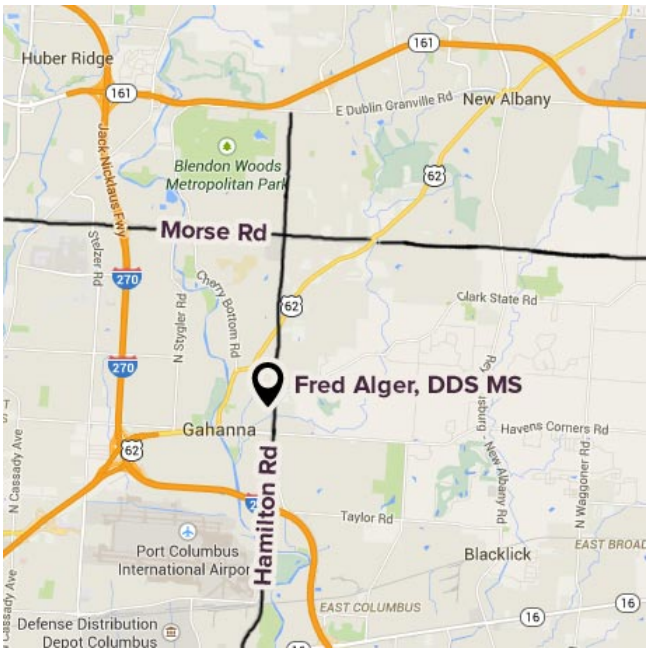
Creating Healthy Smiles

Dr. Fred Alger

PERIODONTICS & DENTAL IMPLANTS



Patient Info

Patient Name_____

Referring Doctor _____

Today's Date _____

Perio Condition Referred for

- ○ Periodontal Exam _____
- ○ Evaluate Attached Gingiva _____
- ○ Crown Lengthening _____
- ○ Evaluate Oral Pathology _____
- ○ Other _____

Implant Referral

- ○ Evaluate For Implant(s) _____

Do You Have a Preference for a Particular Implant System?

- ○ No Preference
- ○ Straumann BL
- ○ Straumann Tissue Level
- ○ Nobel
- ○ Biohorizon
- ○ Zimmer
- ○ Other_____

Once you have scheduled your consultation, please obtain your new patient forms on our website www.DrFredAlger.com. Then click the "Patient Info " tab.

Ortho Referral

- ○ Maxillary Frenectomy
- ○ Mandibular Frenectomy
- ○ Uncover Impacted Tooth/Teeth
- ○ Transeptal Fiberotomy
- ○ Implant(s)
- ○ Other _____

Comments

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