

# NIVA

DENTAL SPECIALISTS

## Periodontal Care

Introducing: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Phone Number: \_\_\_\_\_

Patient Email: \_\_\_\_\_

Referred by: \_\_\_\_\_

### Referral for Periodontal Evaluation / Treatment:

- |   |  |
|---|--|
| <input type="checkbox"/> Scaling & Root Planing | <input type="checkbox"/> Laser Periodontal Therapy (LANAP) |
| <input type="checkbox"/> Gingival Recession     | <input type="checkbox"/> Extraction                        |
| <input type="checkbox"/> Soft Tissue Grafting   | <input type="checkbox"/> Guided Tissue Regeneration        |
| <input type="checkbox"/> Crown Lengthening      | <input type="checkbox"/> Bone Grafting                     |
| <input type="checkbox"/> Frenectomy             | <input type="checkbox"/> Dental Implants                   |
| <input type="checkbox"/> Gingivectomy           | <input type="checkbox"/> Sinus Lift                        |
| <input type="checkbox"/> Biopsy                 |  |

	A	B	C	D	E	F	G	H	I	J					
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	Q	P	O	N	M	L	K					


Remarks: \_\_\_\_\_

Dr. Shouvik Ponnusamy DMD, FACOMS (DR. SAMY)  
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Board Certified Periodontist

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