Dr Bikram Sethi
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PERIODONTIST

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Date: / /

This is to introduce: .....

Patient Phone Number: .....

Date of Birth: / /

Please evaluate for:

- ☐ Periodontal Disease
- ☐ Ridge Preservation/Augmentation
- ☐ Root Coverage
- ☐ Frenectomy
- ☐ Dental Implants
- ☐ Crown Lengthening
- ☐ Orthodontic Exposure
- ☐ Other

Areas of Concern:

Right	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	*Left*
	8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8	

Comments: .....

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Referred by Dr: .....

Address: .....

Contact: .....

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