



Hosan Park, DDS

Board-Certified Implant Surgeon / Periodontist

[OFFICE INFORMATION]

DATE : _____

REFERRING DOCTOR : Dr. _____

E-MAIL / OFFICE NUMBER : _____

[PATIENT INFORMATION]

PATIENT NAME : _____

DOB : _____

PHONE NUMBER : _____

[CONSULTATION FOR :]

- Full Perio Exam and Treatment
- Limited Exam and Treatment for the following condition :

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

[Periodontal :]

- Deep Pockets
- Gum grafting
- Crown Lengthening
- Keratinized Tissue Regeneration
- Frenectomy / Gingivectomy
- Biopsy

[Implants :]

- Implants (Titanium / Zirconia)
- Temporization (Y / N)
- Ridge Augmentation
- Sinus Lift (Lateral / Crestal)
- Peri-Implantitis
- Extractions

Comments :
