



A 1800 K STREET, NW SUITE 1130 WASHINGTON, DC 20006 **P** 202.450.1451 **F** 202.450.1358
E INFO@LEWISPERIODONTICS.COM **W** LEWISPERIODONTICS.COM

Date: _____

Patient's Name: _____

Telephone (Home): _____ (Work): _____

Referred By: _____ Phone: _____

Please Evaluate For:

<input type="checkbox"/> Periodontal Disease	<input type="checkbox"/> Implant Placement	<input type="checkbox"/> Gingival Recession
<input type="checkbox"/> Crown Lengthening	<input type="checkbox"/> Sinus Lift/Augmentation	<input type="checkbox"/> Esthetic Tissue Contouring
<input type="checkbox"/> Frenectomy/Frenotomy	<input type="checkbox"/> Ridge Augmentation	<input type="checkbox"/> Canine Exposure
<input type="checkbox"/> Biopsy	<input type="checkbox"/> Extraction/Ridge Preservation	<input type="checkbox"/> Sedation (Intravenous)

Areas Of Concern:

Right														Left	
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 Treatment Completed In Referring Provider's Office To Date:

- Plaque Control Instruction Root Planing - Date Of Service: _____
- Prophylaxis & Gross Scaling Periodontal Maintenance Therapy: Every ____ Months For ____ Years

Radiographs:

- Please Take Full Series Being Sent Prior Films Available

Remarks/Special Instructions:



MAP/DIRECTIONS:

↑ NORTH
• Rock Creek Park

→ EAST
• Highway 50/New York Avenue, NW



← WEST
• I-66, Georgetown

↓ SOUTH
• I-395, National Mall

- Conveniently accessible via Metro Blue and Orange Lines (Farragut West) and Red Line (Farragut North)
- Metrobus (38B, D1, D3, D5, D6, L2), Meter Parking on 18th St. and K St., or Garage Parking

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