

# ERIC C. WEISS, D.M.D.

## Diplomate of the American Board of Periodontology Dental Implants

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Introducing \_\_\_\_\_ from the office of Dr. \_\_\_\_\_

### Please evaluate for:

- Comprehensive Periodontal Examination & Therapy
- Localized Periodontal Problem # \_\_\_\_\_
- Crown Lengthening for # \_\_\_\_\_
- Implant Consultation – Specify Location & Implant Preference \_\_\_\_\_
- Frenectomy – Maxillary or Mandibular (please circle)
- Fiberotomy for # \_\_\_\_\_
- Surgical Exposure of Impacted Tooth # \_\_\_\_\_
- Biopsy of \_\_\_\_\_
- Other – Please Describe \_\_\_\_\_

### The Restorative Treatment Plan is:

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- Radiographs will be provided by referring office. If yes, please select method:
  - Email  Mail  Given to Patient
- Please take Radiographs as needed (Duplicates will be provided to Referring Doctor's Office). If Yes, Please select Format:
  - Printed Copy  CD Rom  Email

### Preferred Maintenance for Comprehensive Periodontal Cases:

- at Referring Doctor's Office
- at Dr. Weiss' Office
- Alternating Recalls

I would like Patient's report:  Phoned  Mailed  Emailed  Faxed