



LEXINGTON PERIODONTICS & IMPLANTOLOGY, LLC

Diplomates of the American Board of Periodontology

Zori Rabinovitz, D.M.D., M.S.
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PATIENT NAME: _____ DATE: _____

REFERRING DR: _____

REASON FOR REFERRAL: (Please fax/email this form upon patient referral)

Complete Periodontal Evaluation: _____

Crown Lengthening: **MDFLP 360°** Tooth no. (s) _____

Soft Tissue Consideration: Tooth no.(s) _____

Gingival Recession _____

Inadequate Attached Gingiva _____

Ridge Augmentation: Tooth no.(s) _____

Pontic Site _____

Edentulous for Future Implant Site: _____

Socket Preservation at Time of Extraction: _____

Maxillary Sinus Proximity: _____

Implant System Preferred: 3i Nobel Biocare Straumann Astra Zimmer Other

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

PERIO PROSTHETIC EVALUATION:

Maxillary Mandibular

Perio Ortho Consideration: _____

Exposure of Impacted Teeth _____

PAOO (Corticotomy) _____

Frenectomy _____

COMMENTS: _____

X-RAYS: given to patient will be sent by mail will be emailed FMX PANO

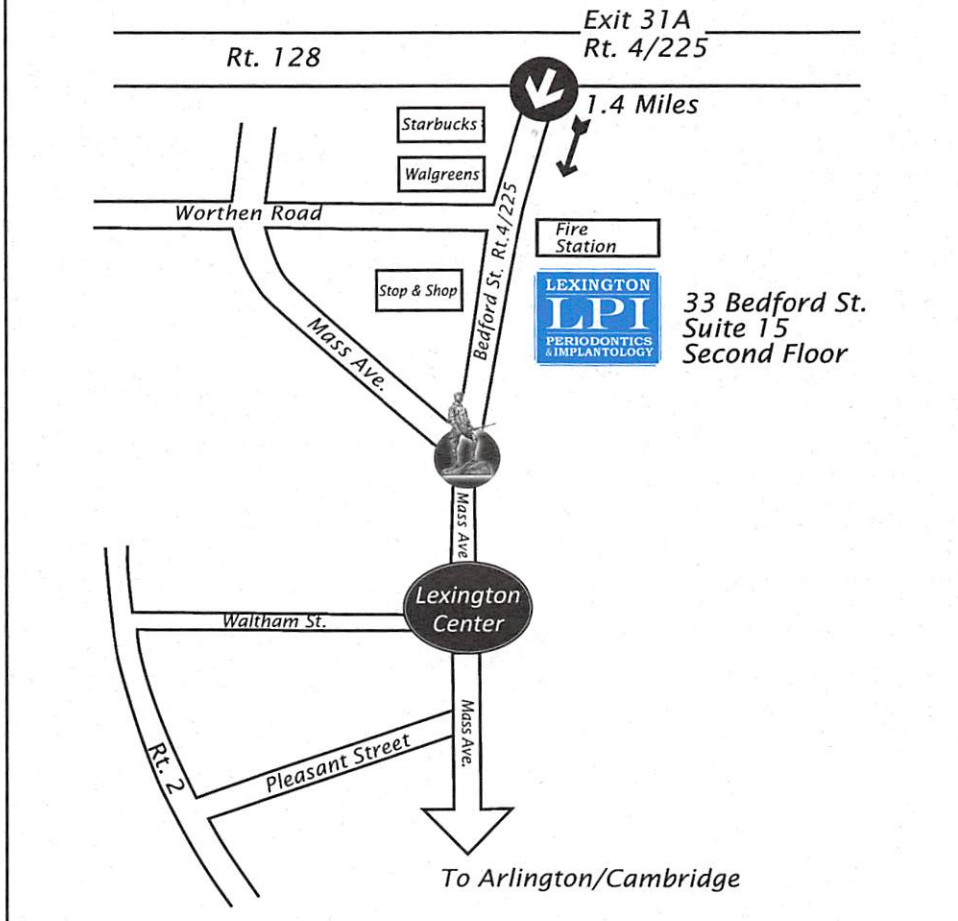
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FROM THE SOUTH:

Take I-95 North to Rt-128 N. take exit 31A towards Lexington, follow Rt. 4/225 Bedford St., 1.4 miles, arrive at 33 Bedford St., 2nd floor on left.

FROM THE NORTH:

Take I-95 South to Rt-128 S. take exit 31A, towards Lexington, follow Rt. 4/225 Bedford St., 1.4 miles, arrive at 33 Bedford St., 2nd floor on left.

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