



LEXINGTON PERIODONTICS & IMPLANTOLOGY, LLC

Diplomates of the American Board of Periodontology
Manuel Molina, D.M.D., M.S. Joel Alper, D.M.D.

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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: M D F L P 360 Tooth no. (s)

Soft Tissue Consideration: Tooth no.(s)

[7 Gingival Recession

[] Inadequate Attached Gingiva

[7 Ridge Augmentation: Tooth no.(s)

Pontic Site

[] Edentulous for Future Implant Site:

n Socket Preservation at Time of Extraction:

Maxillary Sinus Proximity:

Implant System Preferred: 173i [7 Nobel Biocare [] Straumann Astra [] Zimmer Other

Table with 16 columns and 2 rows of numbers for implant site selection.

PERIO PROSTHETIC EVALUATION:

[] Maxillary [7 Mandibular

Perio Ortho Consideration:

17 Exposure of Impacted Teeth

[7 PAOO (Corticotomy) _____

Frenectomy _____

COMMENTS:

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

Lexington Periodontics & Implantology, LLC

33 Bedford Street, Suite 15

Lexington, MA 02420

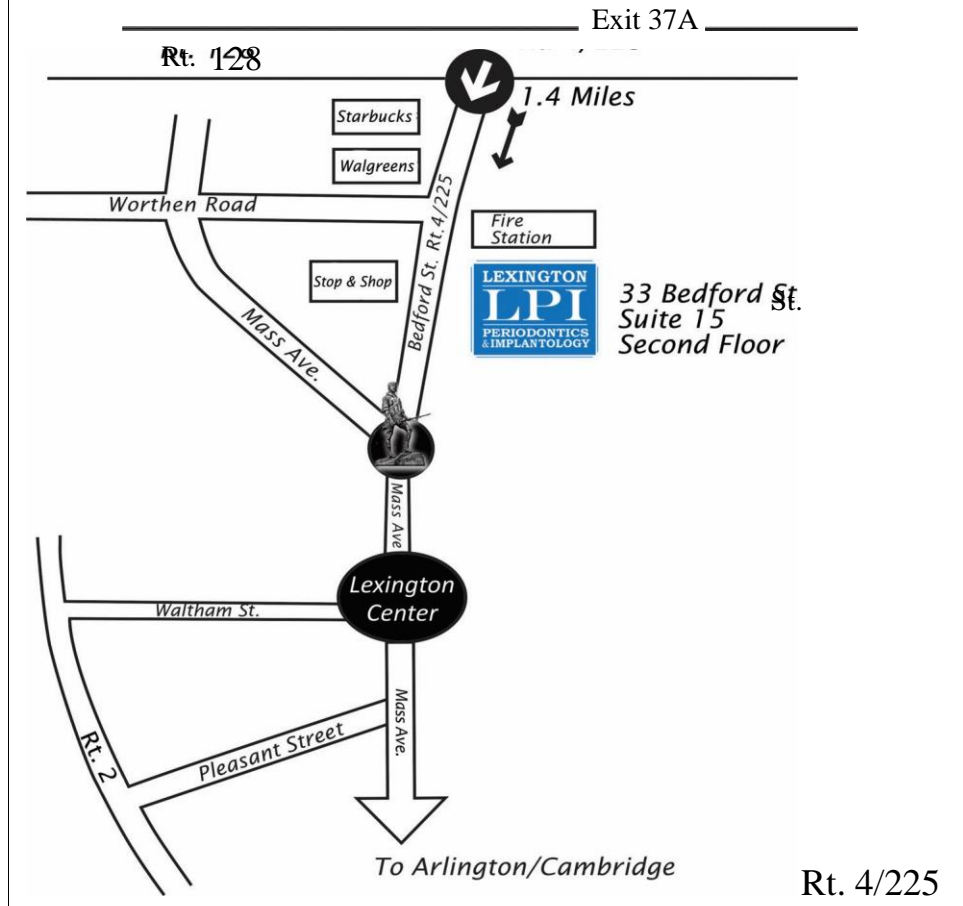
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FROM THE SOUTH:

Take 1-95 North to Rt-128 N. take exit 31 A towards Lexington, follow Rt. 4/225 Bedford St., 1.4 miles, arrive at 33 Bedford St., 2nd floor on left.

FROM THE NORTH:

Take 1-95 South to Rt-128 S. take exit 31 A, towards Lexington, follow Rt. 4/225 Bedford St., 1.4 miles, arrive at 33 Bedford St., 2nd floor on left.

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