

Robert A. Alvarenga, D.M.D.
Practice Limited to Periodontics and Dental Implantology

Wheeler Professional Park
One Oak Ridge Road, West Lebanon, NH 03784
(e-mail: alvarengadental@yahoo.com)

603-643-5730

Introducing _____

Date _____

(address)

Home# _____

Work# _____

Please perform a *full mouth* periodontal evaluation

Please evaluate a *specific area*

In conjunction with this evaluation consider the following procedure(s):

Regenerative Therapy (guided periodontal regeneration, guided bone regeneration)

Periodontal Esthetic and Plastic Surgery (soft tissue graft, gingivoplasty, frenectomy,
soft tissue build-up and smile enhancement)

Pre-Prosthetic Surgery (crown lengthening, ridge augmentation, root resection)

Dental Implant(s) Please note the implant type you would prefer to use (i.e.-ITI, 3I, etc.)

Evaluate Intra-Oral Lesion(s) Describe location, extent and history of lesion.

Recent Radiographs Available _____ /Special Medications (Pre-Med) Y N

Prosthetic Treatment Plan and comments

Referring Dentist _____

1st copy to patient

2nd copy to referring dentist

3rd copy mail to periodontist (optional)