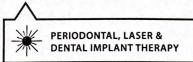


Diplomate of the American Board of Periodontology



1386 UNION UNIVERSITY DR, Ste D JACKSON, TN 38305

(T) 731.215.2347 (F) 731.215.2387

WESTTNPERIO@GMAIL.COM WWW.WTNPERIO.COM

REFER	RRED BY		DATE
PATIE	NT'S NAME		
ADDR	ESS	СІТҮ	ZIP
OME PHONE		WORK PHONE	
	An appointment has been reserved for you on:		DATE TIME
ntic	ipated restorative plans include:		
]	Premedication required		Patient is new to your practice
	This patient is being referred for evaluation and treatment:		Appointment status: MADE BY OUR OFFICE
	COMPREHENSIVE PERIODONTAL EXAMINATION		YOUR OFFICE TO CALL PATIENT
	AREA OF SPECIAL CONCERN#(S) SOFT TISSUE GRAFTING/ GINGIVAL RECESSION#(S) EVALUATION FOR IMPLANTS #(S)		PATIENT WILL CALL Communication: CALL ME REGARDING THIS PATIENT BEFORE APPOINTMENT
	PERIODONTAL-PROSTHETIC TREATMENT PLANNING #(S) CROWN LENGTHENING ON #(S)	_	AFTER APPOINTMENT NO NEED TO CALL-WRITTEN
	EVALUATION OF ORAL LESIONS/PATHOLOGY #(S)	_	CORRESPONDENCE WILL SUFFICE Recent full-mouth x-rays:
	OTHER		ACCOMPANY PATIENT MAILED
			E-MAILED NOT AVAILABLE

POST OP INSTRUCTIONS

- 1 Use an <u>alcohol free</u> mouthwash after every meal for <u>at least five</u> days.
- Avoid brushing or flossing treated area <u>only</u> for five days. You <u>should</u> brush or floss all other areas that were <u>untreated</u> during this time.
- Avoid hard and crunchy foods, such as chips, popcorn, peanuts, pretzels, almonds, salad, etc. for <u>five days.</u>
- 4 If there was an extraction, do not use a straw for five days.