



WELCH PERIO
 &
DENTAL IMPLANTS

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Diplomate of the American Board of Periodontology



PERIODONTAL, LASER &
 DENTAL IMPLANT THERAPY

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REFERRED BY _____

DATE _____

PATIENT'S NAME _____

ADDRESS _____

CITY _____

ZIP _____

HOME PHONE _____

WORK PHONE _____

An appointment has been reserved for you on:

DAY _____

DATE _____

TIME _____

Anticipated restorative plans include: _____

Premedication required

Patient is new to your practice

This patient is being referred for evaluation and treatment:

- COMPREHENSIVE PERIODONTAL EXAMINATION
- AREA OF SPECIAL CONCERN#(S) _____
- SOFT TISSUE GRAFTING/
GINGIVAL RECESSION#(S) _____
- EVALUATION FOR IMPLANTS #(S) _____
- PERIODONTAL-PROSTHETIC
TREATMENT PLANNING #(S) _____
- CROWN LENGTHENING ON #(S) _____
- EVALUATION OF ORAL
LESIONS/PATHOLOGY #(S) _____
- OTHER _____

Appointment status:

- MADE BY OUR OFFICE
- YOUR OFFICE TO CALL PATIENT
- PATIENT WILL CALL

Communication:

- CALL ME REGARDING THIS PATIENT
BEFORE APPOINTMENT
- AFTER APPOINTMENT
- NO NEED TO CALL-WRITTEN
CORRESPONDENCE WILL SUFFICE

Recent full-mouth x-rays:

- ACCOMPANY PATIENT
- MAILED
- E-MAILED
- NOT AVAILABLE

POST OP INSTRUCTIONS

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