



**DENTAL IMPLANTS AND PERIODONTICS**  
**Dr. Otis Washington**  
*Diplomate of American Board of Periodontology*

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Date \_\_\_\_\_ Referring Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Patient's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**PERIODONTAL THERAPY**

Full Periodontal Evaluation  Laser Periodontal Therapy/LANAP \_\_\_\_\_  Local Perio.Eval. Tooth #' \_\_\_\_\_

**IMPLANT THERAPY**

Complex Implant Case Planning \_\_\_\_\_  Implant Tooth #'s' \_\_\_\_\_  Preferred Implant System \_\_\_\_\_

Sinus Lift Evaluation \_\_\_\_\_  Ridge Augmentation \_\_\_\_\_

Extraction with site preservation Tooth #'s \_\_\_\_\_  Atraumatic Extraction Tooth #'s \_\_\_\_\_

**ADJUSTIVE THERAPY**

Gingival Graft / Pinhole Tooth #'s \_\_\_\_\_  Surgical Tooth Exposure Tooth #'s \_\_\_\_\_  Recession Tooth #'s \_\_\_\_\_

Lesion Evaluation \_\_\_\_\_  Crown Lengthening Tooth #'s \_\_\_\_\_  Frenectomy / CSF Tooth #'s \_\_\_\_\_

Extraction with site preservation Tooth #'s \_\_\_\_\_  Atraumatic Extraction Tooth #'s \_\_\_\_\_

**COMMENTS AND SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RADIOGRAPHS :**  Forwarded  Please Obtain  Accompanying Patient FMX/PANO available date: \_\_\_\_\_

**APPONTMENT STATUS**

**SCHEDULED FOR AN APPOINTMENT**

Referring office called to schedule appointment(Preferred Method) \_\_\_\_\_

Triangle Periodontics to contact patient  Patient will call to schedule and appointment Date \_\_\_\_\_ Time \_\_\_\_\_



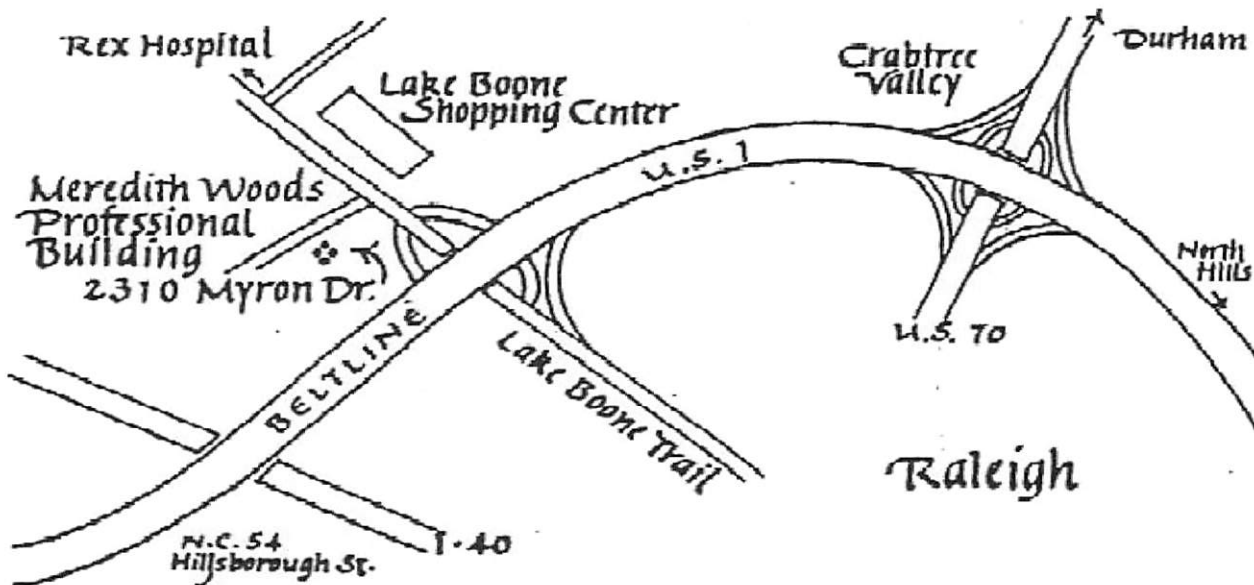
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### DRIVING DIRECTIONS

- From the I-440/US-1 Beltline
- Take Exit #5, Lake Boone Trail exit.
- Turn right onto Lake Boone Trail.
- Turn left onto Myron Drive.
- Meredith Woods Professional Building is the first building on the left.



Triangle Periodontics

2310 Myron Drive, Raleigh NC 27607 ♦ Phone (919) 782-9536 ♦ Fax (855) 787-8025 ♦ [www.triangleperio.com](http://www.triangleperio.com)