



Stafford Oral Surgery and Specialists

481 Garrisonville Road, Suite 103, Stafford, VA 22554, Phone: (540) 779-0170
Email: info@staffordoralsurgery.com, Website: http://www.staffordoralsurgery.com/

Referral for Eleni Kanasi, DDS, PhD Board Certified Periodontist

Introducing _____ for: Implant Evaluation
Patient's Name Periodontal Evaluation

									Upper									
R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L	
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		
									Lower									

- | | |
|---|---|
| <input type="checkbox"/> Surgical extraction | <input type="checkbox"/> Osseous surgery for pocket elimination |
| <input type="checkbox"/> Dental implant placement | <input type="checkbox"/> Furcation involvement |
| <input type="checkbox"/> Peri-implantitis evaluation | <input type="checkbox"/> Crown lengthening /esthetic CL |
| <input type="checkbox"/> Alveolar ridge augmentation | <input type="checkbox"/> Distal wedge |
| <input type="checkbox"/> Sinus augmentation | <input type="checkbox"/> Gingivectomy |
| <input type="checkbox"/> Prior to restorative treatment | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Prior to orthodontic treatment | <input type="checkbox"/> Periodontal regeneration |
| <input type="checkbox"/> Piezocision for accelerated orthodontics | <input type="checkbox"/> Mucogingival defect (soft tissue grafting) |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Laser therapy |

Other/ Remarks:

Radiographs:

- Complete series will be provided by our office
- Please acquire new radiographs at Stafford OS and provide us with a copy

Referred by Doctor: _____ Date: _____