



ADVANCED
PERIODONTICS & IMPLANTS OF KATY

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Date _____ From Dr. _____ Introducing _____

Contact # _____ Appointment Date _____ Time _____

Radiographs

- Please take new radiographs
- Accompanying Patient
- Emailed APIKDental@gmail.com

Comments

Periodontal Concerns

- Complete Periodontal Exam
- Limited Periodontal Evaluation
- Extraction
- Crown Lengthening
- Recession
- Frenum involvement
- Exposure of Impacted Teeth
- Biopsy Area
- Other

Tooth #(s)/Area(s) of Interest

Hygiene/Periodontal Maintenance

- Periodontist Alternating Referring Dentist

Scaling and Root Planing

- Periodontist Referring Dentist

Cosmetic Concerns

- Esthetic Crown Lengthening
- Gingival Grafting
- Other

Tooth #(s)/Area(s) of Interest

Dental/Implants

Implant Evaluation Area _____

Providing radiographic/surgical stent? Y N

Do you want us to provide radiographic/surgical stent? Y N

Do you want us to order and torque restorative abutment? Y N

Do you want us to provide final crown restoration? Y N

Other needs/requests _____