Susan Lynne Maring, D.D.S.

PRACTICE LIMITED TO PERIODONTICS & IMPLANTS
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FAX (206) 343-7600

Introducing: _____

Home phone: _____ Work phone: _____

Periodontal Concerns:

- ☐ Comprehensive examination
- ☐ Mucogingival/Soft Tissue Problems
- ☐ Other:
- ☐ Crown lengthening
- ☐ Implant Consultation

Last scaling and root planing appointment(s) in your office:
Last Supportive Therapy (Maintenance) appt in your office:
Frequency:

Remarks: _____

_____

_____

_____

_____

Restorative Plan: _____

_____

_____

_____

_____

- ☐ Antibiotic Coverage
- Radiographs:
- ☐ Dental Anxiety
- ☐ Please take
- ☐ Other: _____
- ☐ Other:
- ☐ Sent with patient

Date: _____ Dr: _____

White copy – Dr Maring Yellow copy – Patient Pink copy – Referring Doctor