

# WM. P. SORENSEN D.D.S. M.S. PLC

## PERIODONTICS

Diplomate  
American Board  
Periodontology

Phone: (734) 822-2200 Fax: (734) 822-2203

Services  
Dental  
Implants

2715 PACKARD ROAD SUITE C, ANN ARBOR, MICHIGAN 48108

INTRODUCING \_\_\_\_\_ DATE \_\_\_\_\_

APPOINTMENT DATE \_\_\_\_\_ TIME \_\_\_\_\_

### FOR EVALUATION

PERIODONTAL

\_\_\_ GENERALIZED

\_\_\_ LOCALIZED

\_\_\_ GINGIVAL AUGMENTATION

\_\_\_ OTHER

IMPLANT

\_\_\_ TOTALLY EDENTULOUS

\_\_\_ PARTIALLY EDENTULOUS

\_\_\_ SINGLE TOOTH

\_\_\_ OTHER

PRE (POST)-ORTHO

\_\_\_ FRENUM

\_\_\_ GINGIVAL AUGMENTATION

\_\_\_ TISSUE REDUCTION

\_\_\_ OTHER

PRE-RESTORATIVE

\_\_\_ CROWN LENGTHENING

\_\_\_ GINGIVAL AUGMENTATION

\_\_\_ RIDGE AUGMENT / REDUCT

\_\_\_ OTHER

### AREA OF CONCERN

FMX \_\_\_/\_\_\_  
DATE

PERICIAICAL \_\_\_/\_\_\_  
DATE

PAN \_\_\_/\_\_\_  
DATE

COMMENTS \_\_\_\_\_

REFERRING DR. \_\_\_\_\_ PHONE \_\_\_\_\_

CALL BEFORE EVALUATION       CALL AFTER EVALUATION

WRITTEN REPORT AFTER EVALUATION

WE WILL BE HAPPY TO SCHEDULE YOUR PATIENT DIRECTLY FROM YOUR OFFICE

Phone: (734) 822-2200

SEE MAP ON BACK FOR OFFICE LOCATION

White Copy to Dr. Sorenson • Yellow Copy to Patient • Pink Copy to Chart

