



**WALKER T. PENDARVIS**  
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THIS IS TO INTRODUCE \_\_\_\_\_  
NAME

WHO HAS AN APPOINTMENT

\_\_\_\_\_  
DAY TIME DATE

PERIODONTAL EVALUATION  EXTRACTION  IMPLANT 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

EVALUATION OF: AREA OF TEETH IN QUESTION

- IMPLANTS
- RIDGE AUGMENTATION AND/OR SINUS
- ISOLATED POCKET(S)
- MUCOGINGIVAL DEFECT
- GINGIVAL GRAFT
- FURCATION INVOLVEMENT
- ROOT RESECTION
- CROWN LENGTHENING
- FRACTURED TOOTH, DEEP MARGIN
- GUIDED TISSUE REGENERATION (GTR)
- ORTHO UNCOVERING
- OTHER

REMARKS

\_\_\_\_\_  
SIGNED