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