



# Brickell Periodontics

PERIODONTAL MEDICINE • ORAL PLASTIC SURGERY • DENTAL IMPLANTS  
Irene Marron-Tarrazzi, D.M.D., M.S.

Introducing \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Appointment \_\_\_\_\_

Referred by Dr. \_\_\_\_\_

Patient is new to my practice  Patient of record, \_\_\_\_\_ years

Periodontal Evaluation

1. When did you first recommend he/she see a periodontist? \_\_\_\_\_

2. Has a scaling/root planing (D4341) been done within the last 2 years?  Yes  No

4. What recall cycle has the patient been on? \_\_\_\_\_

5. Date of last recall \_\_ / \_\_ / \_\_

Crown Lengthening

Soft Tissue Graft

Dental Implants

Ridge / Sinus Augmentation

Extraction / Bone Graft

Other \_\_\_\_\_

***Please note the following specific problems / teeth / area / etc:***

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

## DIAGNOSTIC FILMS

A complete series will be:  sent with patient  mailed  required  
 emailed to info@brickellperio.com

## RESTORATIVE TREATMENT PLAN

\_\_\_\_\_  
\_\_\_\_\_

Please report - written (please include e-mail / fax)

Please report - by phone