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Patient Name: _____ Phone: _____ Date: _____

Referring Dentist: _____ Office Phone: _____

Patient Appt: _____ Please call pt. for appt. Pt. will call for appt.

Significant Medical History: _____

Antibiotic Pre-Med: Yes _____ No

Referred for:

- Comprehensive Periodontal Exam (full mouth)
- Limited Periodontal Consultation (please specify): _____

- Crown Lengthening Tooth #: _____
- Frenectomy: _____
- Implant Consultation Tooth # _____
- Emergency (please specify): _____

Available Radiographs (please specify): _____

- Sent with patient
- Mail
- E-Mail

Date of Last FMX Series: _____

Periodontal Treatment Completed in Your Office:

- Scaling and Root Planing (Please specify quadrants and dates completed):

- Periodontal Maintenance (Please specify last date completed): _____

Remarks: _____
