



Steven D. Aeschliman, D.D.S., P.S.  
Periodontics & Implantology

9708 N. Nevada, Suite 102  
Spokane, WA 99218  
(509) 489-6850  
FAX (509) 489-3923  
www.periocentral.com

**INTRODUCING:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone  (home)  (work)

\_\_\_\_\_  
Referring Dr.

**THIS PATIENT IS BEING REFERRED FOR:**

Periodontal Evaluation: \_\_\_\_\_

Grafting/Gingival Deficiencies: \_\_\_\_\_

Crown Lengthening: \_\_\_\_\_

Implant Evaluation: \_\_\_\_\_

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

**PERIODONTAL HISTORY:**

Previous Perio Treatment?  Yes  No \_\_\_\_\_ When?

Root Planing?  Yes  No \_\_\_\_\_ When?

Recall Schedule Every \_\_\_\_\_ months

Date Last Cleaning \_\_\_\_\_

**RADIOGRAPHS:**

- PA  FMX
- Are Needed  Will be forwarded to office

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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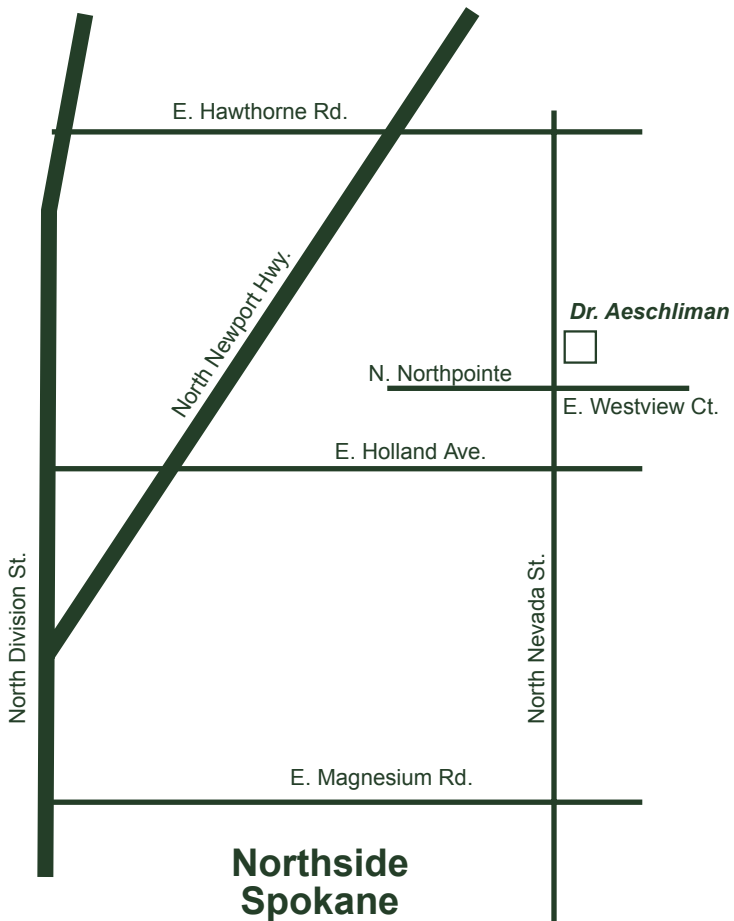
**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INFORMATION FOR OUR PATIENTS

1. Your appointment for examination, consultation and treatment plan is on:

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
				AM PM
Month		Date		Time

2. Please call (509) 489-6850 to make your first appointment.
  
3. Since all cases are different, estimates of fees can be given only after examination.
  
4. If you have insurance, please bring any pertinent insurance information with you to your first appointment.



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