



Dr. Keith Cooper  
Prosthodontist • Implant Surgeon  
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www.ContemporaryDentalArts.com

Introducing: \_\_\_\_\_

- Full-mouth X-Rays                       Panorex X-rays  
 Sending with Patient                       Mailing

Appt. Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Please Call patient to make appointment.     Yes     No

Referring Dr.'s Name: \_\_\_\_\_

Referring Dr.'s Phone: \_\_\_\_\_

Evaluate:

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

- Fixed                       Removable                       Implant                       Combination  
 Other: \_\_\_\_\_

Please see reverse for a map to our office

Place Implant Abutments:     Dr. Cooper     Referring Dr.

Place Temporary Restoration:  Dr. Cooper     Referring Dr.

Existing Problem: \_\_\_\_\_

Patient's Chief Concern: \_\_\_\_\_

Patient's Desired Outcome: \_\_\_\_\_

Treatment Needs: \_\_\_\_\_

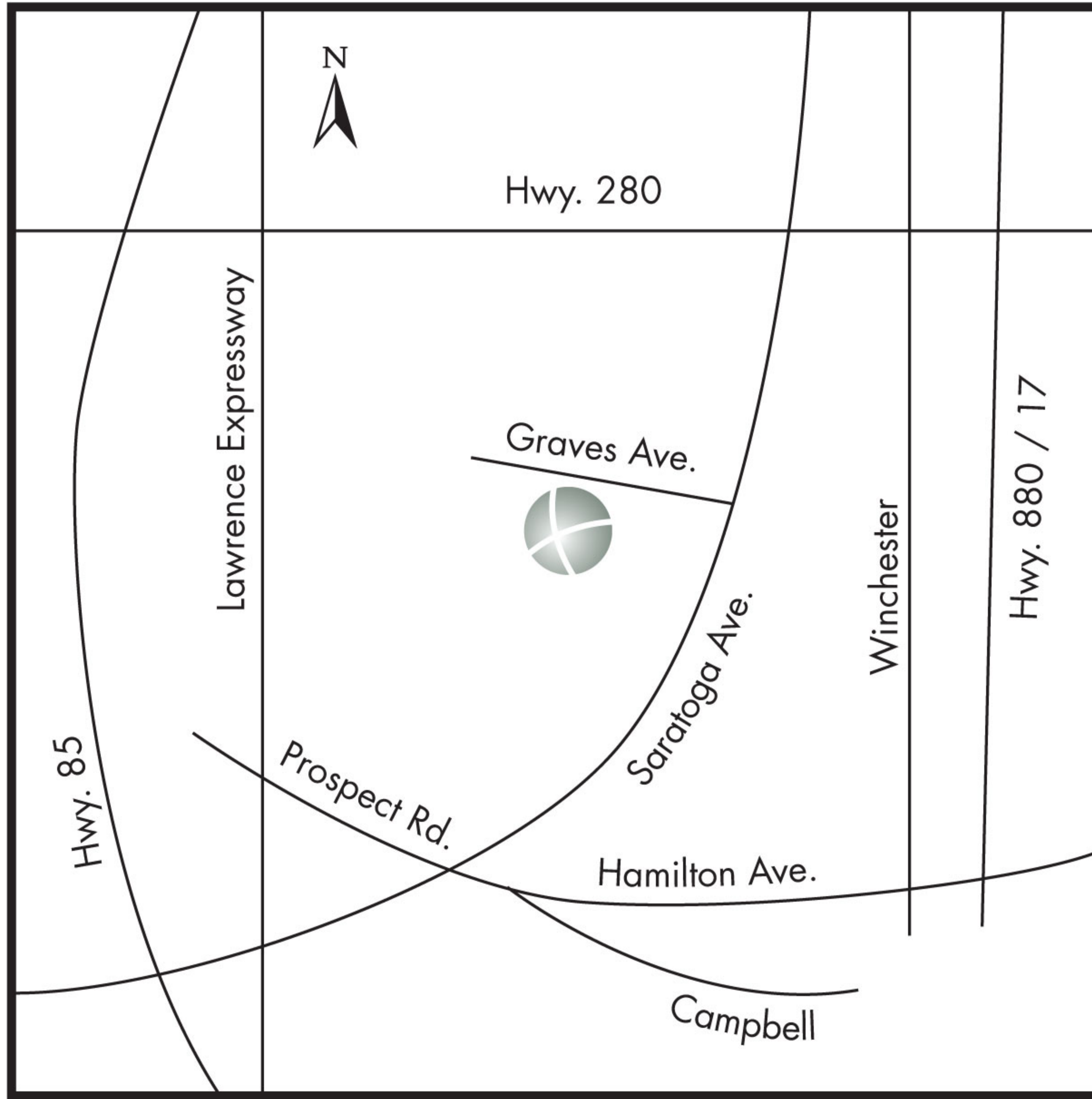
Please evaluate for:

- |                                                                         |                                                              |
|-------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Dental Implant(s)                              | <input type="checkbox"/> Cosmetic Gingival Re-Contouring     |
| <input type="checkbox"/> Periodontal Disease/<br>Full Mouth Examination | <input type="checkbox"/> Crown Lengthening /<br>Gingivectomy |
| <input type="checkbox"/> Extraction(s)                                  | <input type="checkbox"/> Soft Tissue Graft                   |
| <input type="checkbox"/> Socket Preservation                            | <input type="checkbox"/> Sinus Lift                          |
| <input type="checkbox"/> Ridge Augmentation                             | <input type="checkbox"/> Pocket Elimination Surgery          |
| <input type="checkbox"/> Frenectomy                                     | <input type="checkbox"/> Emergency Care                      |

Ongoing Communication:

- Please call me before seeing patient  
 To be treatment planned  
 Please coordinate treatment planning with my office  
 Please see all recalls in your office  
 Please provide me with before & after photos when treatment is completed





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