

DR. RAMYAR ELYASSIAN

Diplomate of American Board of Periodontology & Implantology

Practice Limited to Minimally Invasive Laser & Implant Surgery

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Patient's Name:..... Date:.....

PLEASE BRING THIS FORM TO YOUR CONSULTATION

Referred By Dr.

Please Provide:

Comprehensive (Full Mouth) Exam For:

Limited Exam For:

Treat As Needed For:

Periodontal Pocket/s

Osseous Surgery / Bone Graft

Implant

Crown Lengthening

Extraction / Socket Preservation

Soft Tissue Graft

Ridge Augmentation

Sinus Lift

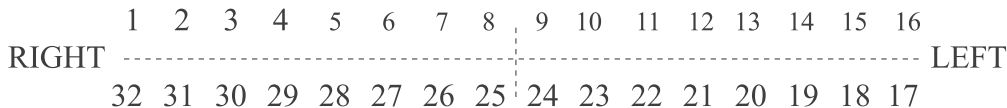
Herpatic Laser Treatment

Frenectomy: UR UA UL / LR LA LL

CBCT Scan (Max/Mand/Full)

TMJ Laser Treatment

Other:



Please Take X-rays As Needed

Sending X-rays For Teeth #(s)

Past Root Planning: YES NO Quads: UR LR UL LL

Date Completed:

Comments:
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