



W. PHILIP URLING, D.D.S.
PERIODONTICS AND IMPLANTOLOGY

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Date _____

This is to introduce _____

For periodontal / osseointegration evaluation.

Appointment on _____ at _____ AM PM O'clock

Clinical Status:

- _____ Periodontal abscess
- _____ Mucogingival deficiency
- _____ Osseous regeneration
- _____ Gingival inflammation and/or hyperplasia
- _____ Periodontitis
- _____ Crown lengthening
- _____ TMJ or occlusion problems
- _____ Osseointegration evaluation
- _____ Other: (Please explain) _____

Radiographic Status:

Most recent full mouth X-Rays taken _____

_____ Most recent x-rays forwarded.

_____ Please take duplicate FMX

Remarks: _____

Referring Doctor _____ Office Name _____

Referring office phone number: _____ City _____ State _____