Forsyth Periodontal associates

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2870 Lyndhurst Avenue ▪ Winston-Salem, NC 27103
336-765-9224 ▪ 336-765-2340 fax ▪ www.forsythperio.com

INTRODUCING: _____ **DATE:** _____

REFERRED BY DOCTOR: _____

HOME PHONE # _____ WORK PHONE # _____ CELL PHONE # _____

PREFERRED DOCTOR: ☐ 1ST AVAILABLE ☐ DR. SUTTLE ☐ DR. PIERCE

☐ PLEASE CONTACT REFERRING DOCTOR PRIOR TO CONSULTING WITH PATIENT

☐ PATIENT IS SCHEDULED WITH US ON: _____ ☐ PLEASE CONTACT PATIENT TO SCHEDULE EVALUATION

HAS PATIENT BEEN SEEN IN OUR PRACTICE BEFORE? ☐ YES ☐ NO

RADIOGRAPHS: ☐ PLEASE TAKE /NO CURRENT RADIOGRAPHS AVAILABLE ☐ CURRENT RADIOGRAPHS AVAILABLE *(PLEASE SEND OR EMAIL)*

PERIODONTAL TREATMENT COMPLETED IN YOUR OFFICE:

☐ PROPHY & SCALING (DATE: _____) ☐ SCALING & ROOT PLANING (DATE: _____) ☐ NONE

PERIODONTAL & LIMITED EXAM REFERRAL

☐ COMPREHENSIVE PERIODONTAL EVALUATION & TREATMENT

☐ LOCAL PERIODONTAL EVALUATION & TREATMENT: _____

☐ RECESSION: _____

☐ OTHER: _____

☐ RESTORATIVE CROWN LENGTHENING: _____

☐ ESTHETIC CROWN LENGTHENING: _____

☐ EXPOSURE OF IMPACTED TOOTH: _____

SO WE CAN SUPPORT YOUR RECOMMENDATIONS, PLEASE PROVIDE YOUR FUTURE RESTORATIVE TREATMENT PLAN: _____

IMPLANT REFERRAL

☐ PLEASE CONTACT REFERRING DOCTOR PRIOR TO CONSULTING WITH PATIENT REGARDING IMPLANT TREATMENT

PLEASE INDICATE TEETH/AREAS BELOW:

2	3	4	5	6	7	8	9	10	11	12	13	14	15
31	30	29	28	27	26	25	24	23	22	21	20	19	18

TOOTH/TEETH STILL PRESENT: ☐ YES ☐ NO

CURRENT REMOVABLE PROSTHESES: MAXILLA ☐ FULL ☐ PARTIAL MANDIBLE ☐ FULL ☐ PARTIAL

PROPOSED IMPLANT RESTORATIVE TREATMENT:

MAXILLARY PROSTHESIS

☐ INDIVIDUAL CROWN(S) #: _____

☐ BRIDGE(S) #: _____

☐ FULL ARCH: _____

☐ COMPLETE REMOVABLE PROSTHESIS: _____

MANDIBULAR PROSTHESIS

☐ INDIVIDUAL CROWN(S) #: _____

☐ BRIDGE(S) #: _____

☐ FULL ARCH: _____

☐ COMPLETE REMOVABLE PROSTHESIS: _____

PROPOSED ADDITIONAL RESTORATIVE TREATMENT: _____

HAS THE ABOVE PROPOSED TREATMENT BEEN DISCUSSED WITH THE PATIENT: ☐ YES ☐ NO

TEMPORARY PARTIAL DENTURE (IF INDICATED): ☐ REFERRING OFFICE TO PROVIDE ☐ DR. SUTTLE/PIERCE TO PROVIDE

DIAGNOSTIC WAX-UP &/OR SURGICAL/RADIOGRAPHIC GUIDE/STENT (IF INDICATED): ☐ REFERRING OFFICE PROVIDE ☐ DR. SUTTLE/PIERCE PROVIDE

PROVISIONALIZATION OPTIONS *(ANTERIOR IMPLANTS & IMMEDIATE LOAD IMPLANTS ONLY)*:

☐ REFERRING OFFICE TO FABRICATE PROVISIONAL (WE WILL TAKE INDEX AT TIME OF SURGERY AND ☐ SEND TO YOUR OFFICE OR ☐ SEND TO YOUR LAB)

☐ DR. SUTTLE/PIERCE TO FABRICATE PROVISIONAL

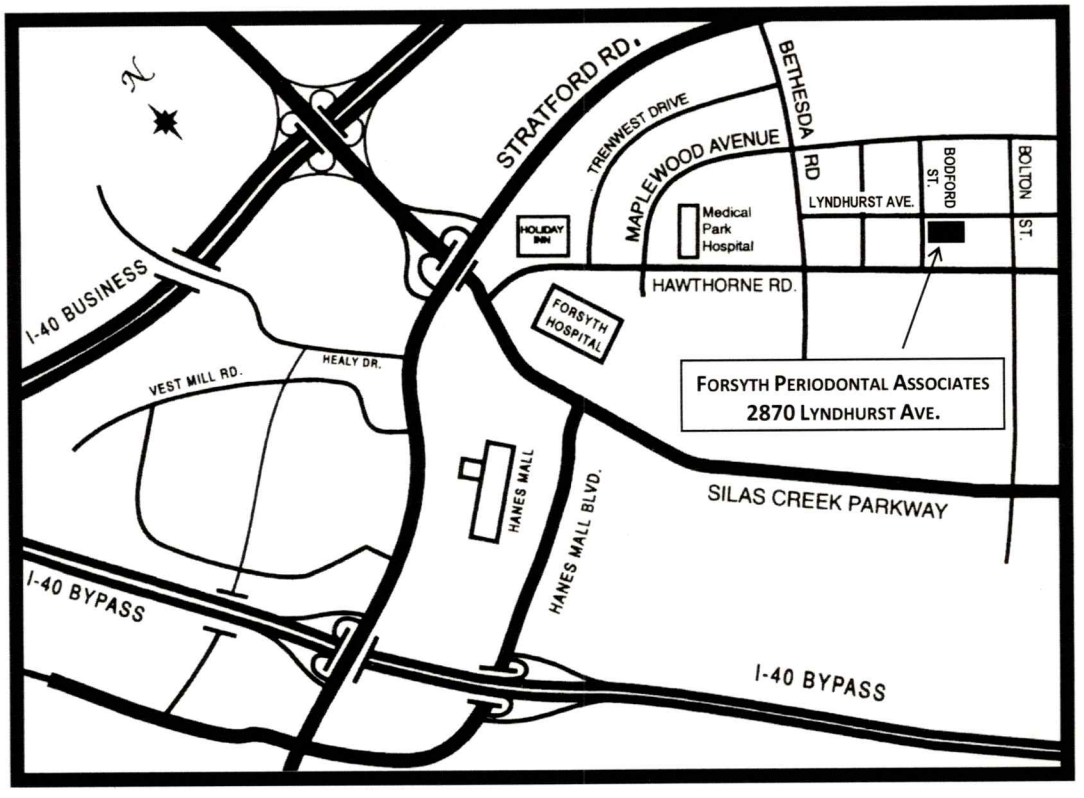
PLEASE FAX (336.765.2340) OR EMAIL DIGITAL COPY (reception@forsythperio.com) AND SEND ORIGINAL WITH PATIENT

PLEASE MAKE ANY NECESSARY COMMENTS REGARDING THIS PATIENT ON THE REVERSE SIDE OF THIS FORM

Comments

OUR OFFICE IS CONVENIENTLY LOCATED AT **2870 LYNDHURST AVE.** AT THE CORNER OF LYNDHURST AVE. AND BODFORD ST.

336-765-9224



Directions:

From North:
Hwy 52 S to Exit 109-B
I-40 BUS W/US-421 N to Knollwood St. exit
Left on Knollwood St.
When Knollwood ends, Right on Hawthorne Rd.
Go through 1 light (Bolton St.)
Take next Right onto Bodford St., office will be on the right

From South:
Hwy 52 N to I-40 W
I-40 W to Exit 190 & turn Right on Hanes Mall Blvd.
When Hanes Mall Blvd. ends, Left on Silas Creek Pkwy
Right on Hawthorne Rd. (Forsyth Hospital is on your right)
Go through Bethesda Rd. stoplight, then take 2nd Left onto Bodford St., office will be on the right

From East:
Either take I-40 BUS W/US-421 N through downtown Winston-Salem, then follow directions in From North OR take I-40 W & follow directions in From South

From West:
I-40 E or US-421 S until they merge then continue on I-40 BUS E/US-421 S
Exit 2A (Silas Creek Pkwy. South)
Left on Hawthorne Rd.
Go through Bethesda Rd. stoplight, then take 2nd Left onto Bodford St., office will be on the right