



Dr. Lindsay B. Eastman, DDS, MS, PA

Periodontal Specialist & Dental Implants

1906-G 59th Street West | Bradenton, FL 34209

Telephone 941-792-3899 | Fax 941-792-3778

Introducing _____

Telephone No. _____

Appointment Date _____ Time _____

Referred by _____ Date _____

COMPLETE EXAM WITH SPECIFIC AREAS OF CONCERN:

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

ADDITIONAL COMMENTS:

PREMEDICATION REQUIRED: Yes No

PATIENT HAS RECEIVED:

- Prophylaxis / OHI on _____
- Root Planing / Re-evaluation on _____
- Previous Periodontal Therapy on _____
- Other _____

- X-RAYS: FMX _____ Pan _____
- BW _____ PA _____
- Enclosed To be mailed
 - Patient will bring Take at time of exam

PLEASE EVALUATE FOR:

- Periodontal Disease
- Treatment Planning
- Dental Implants
- Periodontal Regeneration
- Crown Lengthening
- Mucogingival Defect
- Esthetic gingival Enhancement
- Gingival Graft
- Frenectomy / Fiberotomy
- Microbiologic Assessment
- Oral Pathology / Biopsy

RESTORATIVE TREATMENT PLANNED:
