

Jeff Nerio DDS, MS, PS, Inc.

Specialist in Periodontics

315 39th Avenue S.W., Suite 1

Puyallup, WA 98373

253-845-5456

Fax: 253-848-0141

Introducing _____ Pt. Phone Number _____

Referred by _____

_____ Complete Periodontal Exam and Treatment

_____ Limited Periodontal Exam

(please specify area and nature of problem)

_____ Crown Lengthening

UR UANT UL _____

LR LANT LL _____

_____ Gingival Grafts

_____ Bone Grafts

_____ Evaluation for the placement of Cylindrical
Titanium Implants

Type of Implant Preferred _____

Areas to be restored with Implants _____

Type of restorations planned on Implants _____

Anticipated Restorative Treatment Plan following completion of
Periodontal Therapy

Additional Information _____

Please mail directly to our office with your current radiographs.

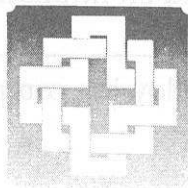
White - Dr. Nerio

Yellow - Referring Doctor

Pink - Patient

INSTRUCTIONS TO PATIENTS

1. A complete exam is usually necessary to determine the extent of treatment.
2. Examination appointment may be made by telephone.
3. If you have recent X-rays, please bring them with you or have your dentist send them to us prior to examination. Additional X-rays may be taken at our office, if necessary.
4. An estimate of professional surgical fees is given only after the examination.
5. Please bring pertinent insurance forms with you to your first appointment.
6. Please bring this form with you to your first appointment.



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Appointment Date: _____

Time: _____