

Benjamin T. Duval, D.D.S., L.L.C.

Diplomate, American Board of Periodontology

Periodontics & Dental Implants

835 E. 65th Street, Suite 101, Savannah, Georgia 31405

Phone: (912) 352-4867

www.duvalperio.com

From: Doctor _____ Date _____

Patient's Name _____

Patient's Phone: Home _____ Work _____

_____ Appointment has been made
Date _____ Time _____

_____ Please call patient to make appointment

_____ Patient will call to make appointment

_____ Periodontal Evaluation _____ Implant Evaluation

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

Periodontal Problem/Treatment Suggested:

Restorative Treatment Plan:

Radiographs:

- _____ We will mail FMX/PA prior to appointment
- _____ We will email digital FMX/PA prior to appointment
- _____ Patient will bring FMX/PA
- _____ Please take radiographs and send us a copy

Comments/Instructions:

Sincerely: _____

Please fax this form to: (912) 352-4860.