Scituate Periodontics, LLC

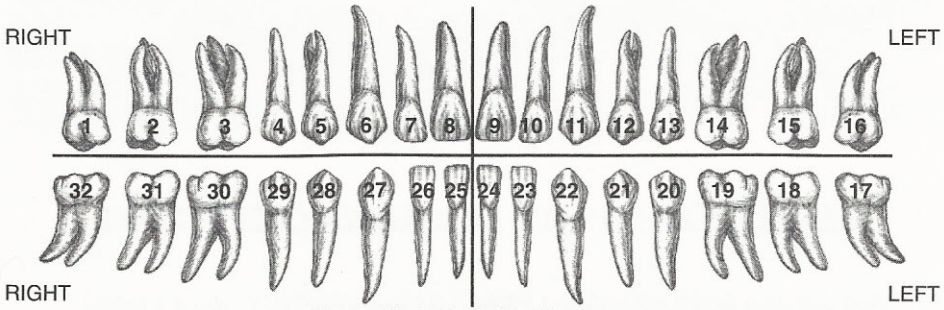
Dr. Mohamed H. Hassan, BDS, DMD, MS, FICD
Diplomate, American Academy of Periodontology; Fellowship, Temporomandibular Dysfunction
Practice limited to periodontology, implants, and temporomandibular dysfunction
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Patient's Name: _____ Date: _____

Patient's Phone Number: _____

❑ Complete periodontal evaluation

❑ Specific Site _____



Please Circle Tooth For Treatment

❑ Gingival recession/inadequate attached gingiva
❑ Mobility
❑ Deep probing depth
❑ Tooth exposure
❑ Crown lengthening ____ Esthetic ____Functioning
❑ Occlusal Therapy
❑ Implant
❑ Bone Loss
❑ Bleeding
❑ Sinus Procedure
❑ TMJ
❑ Other _____

Radiograph: ❑ given to pt ❑ sent by mail ❑ need to be taken

Comments: _____

_____

_____

_____

_____

Referred by Dr. _____

www.scituateperiodontics.com
Please fax a copy of referral to 781-545-7801