



PERIODONTISTS

Paul W. Bivens, D.D.S., M.S.D.

Ruben F. Mesia, D.D.S., M.S.

4326 Park Blvd. N., Suite C - East
Pinellas Park, FL 33781
 (727) 544-5345 • fax (727) 547-8263
 www.dentalspecialtygroup.com

Date:

Patient Name:

Referred By:

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

PLEASE EVALUATE FOR:

- Periodontal Disease
- Gingival recession
- Crown lengthening
- Orthodontic exposure / Uncovery
- Frenectomy
- Other

- Dental Implants
- Extractions
- Bone graft
- Sinus Augmentation
- Oral pathology
- CBCT Scan

PERIODONTAL TREATMENT TO DATE:

- Scaling and root planing
- Periodontal Maintenance

RADIOGRAPHS:

- Patient will bring
- Emailed to office
- To be taken

Notes:

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