

Appt Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Referred By: \_\_\_\_\_

**I WOULD LIKE YOU TO:**

- Call me before seeing patient
- Call me after seeing patient
- Notify me by letter after visit

**MEDICAL ALERTS:**

- Allergies: \_\_\_\_\_
- Premedication: \_\_\_\_\_
- Patient would like sedation

**PERIODONTAL HISTORY:**

\_\_\_\_\_  
\_\_\_\_\_

**REASON FOR REFERRAL:**

- Periodontal Disease (Limited / Generalized)
- Dental Implants # \_\_\_\_\_
- Ridge Deficiency
- Extraction # \_\_\_\_\_
- Biopsy \_\_\_\_\_
- Gummy Smile
- Recession # \_\_\_\_\_
- Frenum \_\_\_\_\_
- Crown Lengthening # \_\_\_\_\_
- Orthodontic Anchorage (Miniscrew): \_\_\_\_\_

**RADIOGRAPHS:**

- I will send     Patient will bring
- Please take    Return originals

**REMARKS / SPECIAL INSTRUCTIONS:**

\_\_\_\_\_

**Mequon Office**

10303 N Port Washington Rd, Suite 204  
Mequon, WI 53092  
Phone: 262-240-9840  
Fax: 262-240-9842

If traveling **Southbound on I-43**, use Mequon Road Exit (Exit 85). Turn Right on Mequon Road (west). Turn left (south) on N Port Washington Road. Turn right into parking lot (10303 N Port Washington Rd)

If traveling **Northbound on I-43**, use Port Washington Road Exit (Exit 83). Turn left (north) on Port Washington Road. Turn left into parking lot (10303 N Port Washington Rd)

**Office is located on second floor. Handicap accessible.**

