



TAMPA BAY

PERIODONTICS AND IMPLANT DENTISTRY

tampaperiodontics.com

Palma Ceia Office
1810 S. MacDill Ave., Suite 2, Tampa 33629 • (813) 251-0770
Davis Islands Office
17 Davis Blvd., Suite 305, Tampa 33606 • (813) 344-GUMS (4867)
Wesley Chapel Office
2370 Bruce B. Downs Blvd., Suite 201, Wesley Chapel 33544 • (813) 415-3454
Brandon Office
330 East Bloomingdale Ave., Brandon 33511 • (813) 774-6133

James G. Wilson, DMD | Matthew T. Waite, DDS, MS | Kailand C. Cosgrove, DMD, MS | Alex F. Podaru, DMD, MS

Please FAX to (813) 902-6185 and Give Referral Form to Patient

Patient Information

Name: Mr./Ms./Mrs./Dr. _____

Telephone: () _____

E-Mail: _____

Referring Doctor

Name: Dr. _____

E-Mail: _____

Areas of Concern

- Single Tooth _____
- Multiple Teeth _____
- Full Arch _____

- Periodontal Disease
- Recession Treatment
- Crown Lengthening
- Biological Root Reshaping
- Guided Tissue Regeneration
- Extraction/Graft
- Dental Implants
- Sinus Augmentation
- Ridge Augmentation
- Tooth Exposure
- Frenectomy
- Wilckodontics
- CBCT Scan

Restorative Plans

1. _____
2. _____
3. _____
4. _____

Pre-Treatment Information

Please email all digital radiographs to info@tampaperiodontics.com

- Sending Radiographs Mail Email
- FMX BWX
- PAs PANO

Periodontal Treatment Completed in Your Office

- Debridement
- Scaling & Root Planing
- Periodontal Maintenance

Notes



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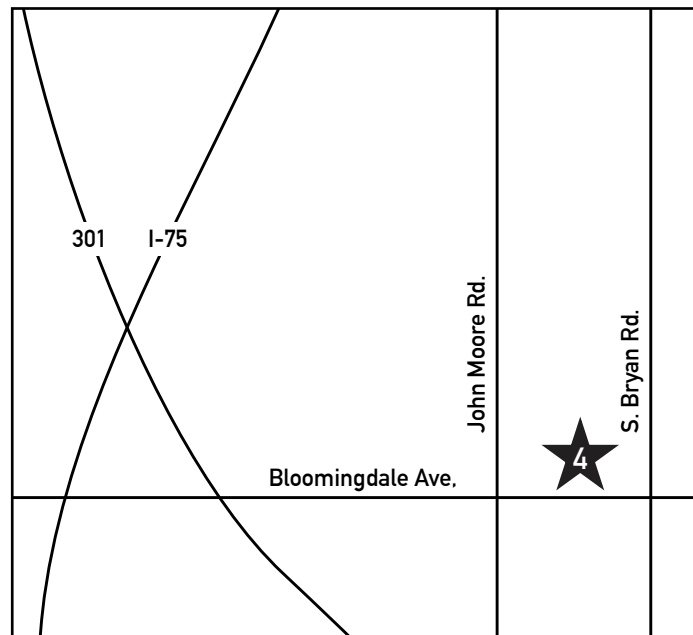
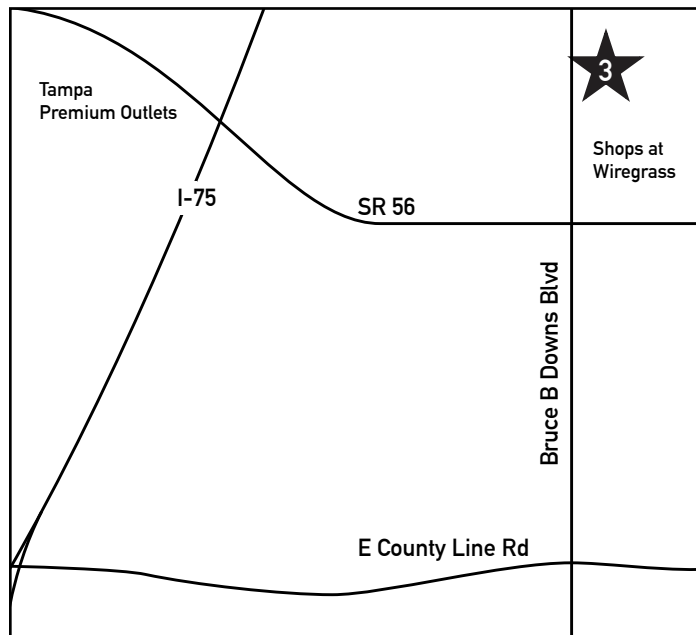
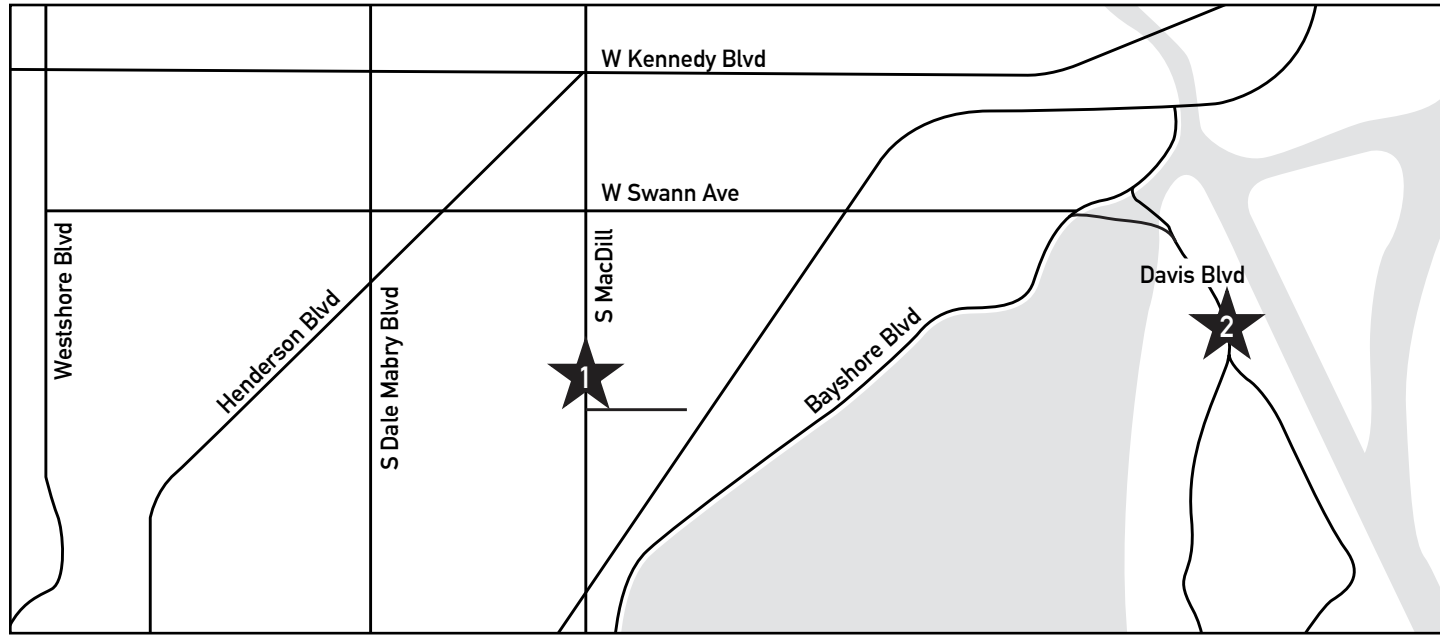
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Appointment

Date _____ Location _____

Time _____

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