



TODAY'S DATE \_\_\_\_\_

Please Schedule an Appointment With:

- Dr. Jessica Stilley DMD, MS
- Dr. Camille Medina DMD, MS
- First Available

PATIENT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

REFERRED BY DR. \_\_\_\_\_ DR'S PHONE: \_\_\_\_\_

Most recent full mouth series of periapical radiographs are dated: \_\_\_\_\_  
(Please send copy if taken within past 12 months)

Periodontal debridement has been completed date: \_\_\_\_\_  
(soft tissue management)

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PLEASE EVALUATE MY PATIENT FOR THE FOLLOWING:

- Full mouth periodontal evaluation
- Isolated area of periodontal breakdown  
Please specify: \_\_\_\_\_
- Soft tissue coverage of denuded root surface  
connective tissue graft, tooth #: \_\_\_\_\_
- Mucogingival defect  
autogenous gingival graft, tooth #: \_\_\_\_\_
- LANAP: \_\_\_\_\_
- Exposure of additional sound tooth structure, tooth #: \_\_\_\_\_
- Ridge augmentation (cosmetic)
- Ridge augmentation and/or sinus graft to facilitate implant placement
- Endosseous implants
- Occlusal trauma

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NOTES & COMMENTS:



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