

# PINO

PERIODONTICS  
IMPLANTS

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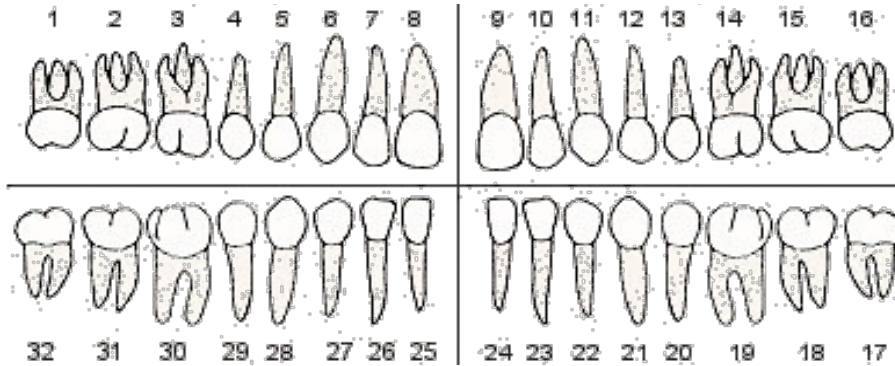
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Introducing: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

- Please call patient to schedule appointment
- Patient will call to schedule appointment



◆ Please chart restorative plan/needs ◆

Date of last Scaling/Root Planing: \_\_\_\_\_ Maintenance/Prophy: \_\_\_\_\_

Please select treatment requested

- PERIODONTAL THERAPY
  - Evaluate Periodontal disease
  - Crown lengthening
  - Soft Tissue Grafting
  - Peri-Implantitis
- IMPLANT THERAPY (Surgical Guide by referring Dr. YES/NO)
  - Extraction/Graft & Implant Placement
  - Implant Placement
  - Ridge Augmentation
  - Sinus Augmentation
- ORTHODONTIC SURGERY
  - Periodontally Accelerated Osteogenic Orthodontics (PAOO)
  - Uncovering Impacted Teeth
  - TAD Placement (Mini-plate or screw) (please mark desired location)

Remarks \_\_\_\_\_

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### RADIOGRAPHS:

- Take as Needed
- Enclosed
- With Patient
- Emailed
- FMX w/ Bitewings
- Bitewings
- PA(s)
- Pano
- CBCT