

PINO PERIODONTICS

ADVANCED PERIODONTICS ♦ MUCOGINGIVAL SURGERY ♦ IMPLANT DENTISTRY

CURTIS M. PINO DDS MSD

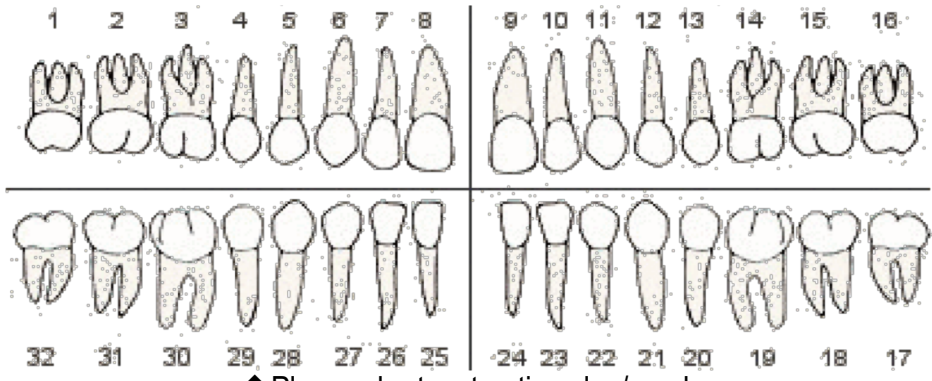
7007 Wyoming Blvd NE ♦ Suite D-1 ♦ Albuquerque, NM 87109
Mailing: PO BOX 94598 ♦ Albuquerque, NM 87199
Phone: 505.822.0565 ♦ Email: staff@pinoperio.com

Introducing: _____

Home Phone: _____ Work Phone: _____

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 _____

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

