



**Dr. Cynthia Scheines** | DDS, Ms, PhD | Board Certified Periodontist

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**INTRODUCING:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Appointment: \_\_\_\_\_

Time: \_\_\_\_\_ A.M./P.M.

**RECOMMENDATION**

Complete Periodontal Evaluation \_\_\_\_\_

Evaluation of Localized Area \_\_\_\_\_

Mucogingival Problem \_\_\_\_\_

Crown Lengthening \_\_\_\_\_

Dental Implants \_\_\_\_\_

Other \_\_\_\_\_

**RADIOGRAPHS**

Enclosed, find all radiographs available from my office.

I have no radiographs, please take what you will need.

**COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referred by: \_\_\_\_\_

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