



CARSON PERIODONTICS
ORAL & MAXILLOFACIAL SURGERY

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ORAL SURGERY, PERIODONTICS & IMPLANTS

Referring Dr. _____

Date of Referral _____

Introducing _____

Pt. Contact #s _____

Patients, please call us to schedule your consultation. 775-882-3033

Please see this patient for:

- | | |
|---|--|
| <input type="checkbox"/> Implant Consultation | <input type="checkbox"/> Wisdom Teeth |
| <input type="checkbox"/> Periodontal Examination | <input type="checkbox"/> Uncovering Impacted Teeth |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> All on 4 |
| <input type="checkbox"/> Soft Tissue Grafting / Recession | <input type="checkbox"/> CBCT |
| <input type="checkbox"/> Sinus Lift / Bone Grafting | <input type="checkbox"/> Pathology |
| <input type="checkbox"/> Extraction with Grafting | <input type="checkbox"/> Alveoloplasty |
| <input type="checkbox"/> IV sedation requested | <input type="checkbox"/> Orthognathic Surgery |

Root Planing? _____ Dates _____

Previous Periodontal Treatment & Dates _____

Remarks _____

Recent Radiographs:

Date of Last FMX _____

- Unavailable, please take
- Accompanying Patient
- Mailed to your office
- E-mailed to carsonperio@hotmail.com

**For your convenience, you can print our new patient registration packet
at www.carsoncityperio.com**