



**CARSON PERIODONTICS**  
**ORAL & MAXILLOFACIAL SURGERY**

- BENJAMIN SYNDERGAARD D.M.D., M.S.**
- JARED K. BAUERLE D.M.D.**
- GARY H. WILCOX JR., D.M.D.**

*ORAL SURGERY, PERIODONTICS & IMPLANTS*

Referring Dr. \_\_\_\_\_

Date of Referral \_\_\_\_\_

Introducing \_\_\_\_\_ DOB \_\_\_\_\_

Pt. Contact # \_\_\_\_\_

**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 [frontdesk@CarsonPerioandOS.com](mailto:frontdesk@CarsonPerioandOS.com)**

**For your convenience, complete and submit new patient registration packet at [www.carsoncityperio.com](http://www.carsoncityperio.com)**