



# SOUTH BAY PERIODONTICS

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Active Member  
American Academy  
of Periodontology

Today's Date \_\_\_\_\_ 20 \_\_\_\_\_

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

Patient Name \_\_\_\_\_

Telephone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

- For
- |  |   |
|--|---|
| <input type="checkbox"/> Emergency Exam and Treatment      | <input type="checkbox"/> Limited Implant Exam   |
| <input type="checkbox"/> Comprehensive Periodontal Exam    | <input type="checkbox"/> Full Arch Implant Exam |
| <input type="checkbox"/> Frenectomy, Expose and Bond       | <input type="checkbox"/> Localized Recession    |
| <input type="checkbox"/> Site Specific Periodontal Exam    | <input type="checkbox"/> Generalized Recession  |
| <input type="checkbox"/> Patient Interested in IV Sedation | <input type="checkbox"/> Crown Lengthening      |

- Appointment:
- Date \_\_\_\_\_ Time \_\_\_\_\_
- Contact patient to schedule appointment
- Patient will contact to schedule appointment

### Recent Full Mouth Radiographs

- Unavailable, please take new radiographs
- Accompanying patient
- Mailed to office
- Please return radiographs
- Emailed to your office - office@wahealthysmiles.com

### Treatment Already Completed:

- |  |            |
|--|------------|
| <input type="checkbox"/> Periodontal Maintenance | Date _____ |
| <input type="checkbox"/> Root Planning & Scaling | Date _____ |

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_