

Washington Center for DENTAL SPECIALTIES

PERIODONTICS • DENTAL IMPLANTS

Leading-edge care for a lifetime of healthy, beautiful smiles

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Active Member
American Academy
of Periodontology

Donald G. Echols, D.D.S.

TODAY'S DATE _____ 20____

REFERRING DR. _____ TELEPHONE _____

PATIENT NAME _____

TELEPHONE (HOME) _____ (WORK) _____

FOR: EMERGENCY EXAM AND TREATMENT IMPLANTS
 COMPREHENSIVE PERIODONTAL EXAM GINGIVAL GRAFTS
 SITE SPECIFIC PERIODONTAL EXAM CROWN LENGTHENING
 CT SCAN

APPOINTMENT: DATE _____ TIME _____
 CONTACT PATIENT TO SCHEDULE APPOINTMENT
 PATIENT WILL CONTACT TO SCHEDULE APPT.

RECENT FULL MOUTH RADIOGRAPHS

- UNAVAILABLE, PLEASE TAKE NEW RADIOGRAPHS
- ACCOMPANYING PATIENT
- MAILED TO YOUR OFFICE
- PLEASE RETURN RADIOGRAPHS

IMPLANT TYPE	
STRAUMANN ITI	
NOBEL REPLACE	
ASTRATECH	

TREATMENT ALREADY COMPLETED:

- PERIODONTAL MAINTENANCE DATE _____
- ROOT PLANING & SCALING DATE _____

SIGNIFICANT MEDICAL PROBLEM:

REMARKS: _____
