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

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

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

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

**Periodontal Therapy**

- Comprehensive Periodontal Exam
- Site Specific Periodontal Exam

**Implant Therapy**

- Limited Implant Exam (1-3 teeth)
- Full Arch Implant Exam

**Periodontal Plastic Surgery**

- Limited Recession Exam
- Generalized Recession
- Frenectomy, Expose and Bond
- Functional or Esthetic Crown Lengthening

**Patient Needs:**

- Emergency (Same Day Treatment)
- Oral or IV Sedation

**Recent Full Mouth Radiographs**

- Unavailable, please take new radiographs
- Mailed to office
- Emailed to office@wahealthysmiles.com

**Appointment:**

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

**Treatment Already Completed:**

- Periodontal Maintenance
- Root Planning & Scaling

Date \_\_\_\_\_

Date \_\_\_\_\_

Please send current Periodontal Charting

Date \_\_\_\_\_

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