



SOUTH BAY
PERIODONTICS
 &
 IMPLANT DENTISTRY

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Today's Date _____

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: _____

