STATION
DENTAL IMPLANTS & PERIODONTICS
LEONARD H. STRAUSS, DMD, PC

Patient:_____ Date:_____

Referred by:_____

Reason for referral:

☐ Periodontal

- ☐ Pocketing/Infection/Bone Loss
- ☐ Recession
- ☐ Crown Lengthening
- ☐ Other:_____

☐ Implants

☐ Extractions

Region of concern

☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Radiographs

☐ Please take FMX

☐ Please take x-ray of region

☐ We are sending x-ray(s)

Comments:_____

_____

_____

Practice limited to Periodontics | Dental Implants

LEONARD H. STRAUSS, DMD PC | WWW.STRAUSSDMD.COM
18 STATION AVENUE, NEWTON, MASSACHUSETTS 02461 | P: 617.969.9676 | F: 617.969.9678