

Detroit Dental Specialists

Periodontics & Dental Implants

Date _____

Dr. Julio E. Obando, DDS, MS
(313) 863-2800

Detroit Dental Specialist: Managed by Unified Dental

PATIENT INFORMATION

Name: _____ D.O.B.: _____

Parent/Guardian: _____ Phone: _____

Does the patient require premedication? Y N

REFERRING DOCTOR

Referred by: _____ Phone _____

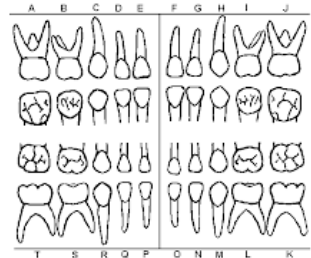
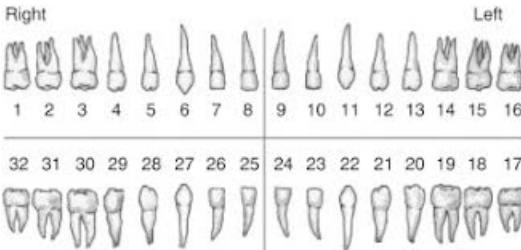
Email: _____

Office Preference: Plymouth 20720 Plymouth Rd. Detroit, MI 48228
 8 Mile 511 W. 8 Mile Rd. Detroit, MI 48203
 Livernois 15510 Livernois Ave. Detroit, MI 48238

- Complete Periodontal Evaluation Frenectomy IV Sedation
 Alveoloplasty/Vestibuloplasty Guided Tissue Regeneration
 Ridge Augmentation Incision & Drainage Extraction
 Crown Lengthening # _____ Implant Evaluation Teeth: # _____
 SFOT Functional Gingivectomy Oral Pathology/Biopsy
 Expose & Bond Impacted Teeth: # _____
 Gingival Recession/Tissue Grafting: Teeth # _____

Have you advised the patient of the possibility of extraction of any teeth?

Y N If yes, which teeth? # _____



Radiographs

Please take/send copy Patient will bring copy I will send/please return

Restorative Plans/Case Notes/Comments:

