

PEACH STATE

LASER PERIODONTICS & IMPLANTS

G. ERIC LI, DDS, MSD

DATE: ____ / ____ / ____

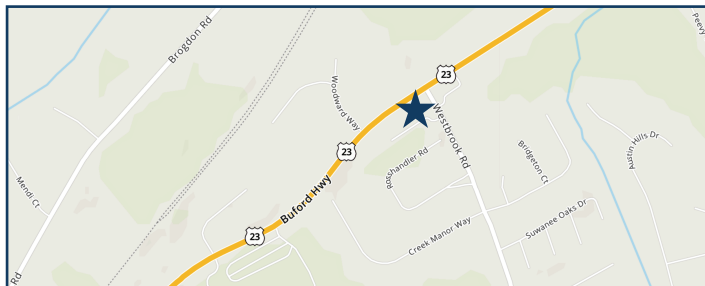
Referring Dr: _____ Office Phone#: (____) _____

Introducing: _____

Patient Cell#: (____) _____ Patient Work#: (____) _____

Radiographs: ☐ Please take new radiographs:
☐ Emailed to your office
☐ **TAKE CBCT ONLY**

WE OFFER I.V. SEDATION!



PERIODONTAL CONCERNS

- ☐ Periodontal/ Pre-Implantitis Condition
- ☐ Laser Periodontal Therapy (LANAP®/LAPIP™)
- ☐ Crown Lengthening
- ☐ Recession

COSMETIC CONCERNS

- ☐ Esthetic Crown Lengthening
- ☐ Gingival Recontouring
- ☐ Tissue Grafting
- ☐ Other: _____

PEDIATRIC & ORTHODONTIC CONCERNS

- ☐ Frenulectomy
- ☐ Fiberotomy
- ☐ Periodontal Accelerated Osteogenic Orthodontics (PAOO)
- ☐ Impacted Tooth Exposure
- ☐ Other: _____

IMPLANTS/ ORAL SURGERY CONCERNS

- ☐ All-on-4®/ full mouth rehabilitation
- ☐ Ridge Augmentation / Sinus Lift
- ☐ Implants #'s _____
- ☐ Endodontic Periapical Surgery
- ☐ Guided Implant Surgery
- ☐ Platelet Rich Fibrin (PRF)
- ☐ Biopsy
- ☐ Periapical Abscess

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