CENTER FOR ADVANCED PERIODONTICS & IMPLANT DENTISTRY, PC

Gus Dehni, DMD, MMSc., MSc.

Chris Webb, DMD, MSD

INTRODUCING

Name: _____

Address: _____

Phone: _____ Appointment: _____ Time: _____ A.M. / P.M

RECOMMENDATION *Please Note: URQ / ULQ / LLQ / LRQ and/or Tooth #*

☐ Extraction with Bone Grafting _____

☐ Extraction with Immediate Implant Placement _____

☐ Dental Implant _____

☐ Ridge Augmentation / Sinus Lift _____

☐ Bony Ridge and/or Soft Tissue Defect Noted / Area _____

☐ Osseous Surgery (Pocket Elimination) With Bone / Soft Tissue Regeneration _____

Laser Therapy

- ☐ Pocket Elimination _____
- ☐ Implant Infection _____
- ☐ Frenectomy _____

☐ Periodontal Evaluation _____

☐ Soft Tissue Recession Noted / Gum Graft Recommended _____

☐ Crown Lengthening _____

☐ Soft / Hard Tissue Biopsy _____

☐ Other _____

Referred By: _____ Phone Number: _____

Doctor (please circle):

FIRST AVAILABLE GUS DEHNI DMD, MMSc., MSc. CHRIS WEBB DMD, MSD

Preferred Location (please circle):

700 Attucks Lane / Suite 2E	342 Gifford Street / Unit 2A	930 Pleasant Street
Hyannis, MA 02601	Falmouth, MA 02540	New Bedford, MA 02740
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