



TAMPA BAY

PERIODONTICS AND IMPLANT DENTISTRY

tampaperiodontics.com

Palma Ceia Office

1810 S. MacDill Ave., Suite 2, Tampa, 33629 • (813) 251-0770

Davis Islands Office

17 Davis Blvd., Suite 305, Tampa, 33606 • (813) 344-GUMS (4867)

Wesley Chapel Office

2370 Bruce B. Downs Blvd., Suite 201, Wesley Chapel, 33544 • (813) 415-3454

James G. Wilson, DMD | Matthew T. Waite, DDS, MS | Mary Elizabeth Joyce, DMD, MSD

Please FAX to (813) 902-6185 and Give Referral Form to Patient

Patient Information

Name: Mr./Ms./Mrs./Dr. _____

Telephone: () _____

E-Mail: _____

Referring Doctor

Name: Dr. _____

E-Mail: _____

Areas of Concern

- Single Tooth _____
- Multiple Teeth _____
- Full Arch _____
 - Periodontal Disease
 - Recession Treatment
 - Crown Lengthening
 - Biological Root Reshaping
 - Guided Tissue Regeneration
 - Extraction/Graft
 - Dental Implants
 - Sinus Augmentation
 - Ridge Augmentation
 - Tooth Exposure
 - Frenectomy
 - Wilckodontics
 - CBCT Scan

Restorative Plans

1. _____
2. _____
3. _____
4. _____

Pre-Treatment Information

Please email all digital radiographs to info@tampaperiodontics.com

- | | | |
|--|-------------------------------|--------------------------------|
| <input type="checkbox"/> Sending Radiographs | <input type="checkbox"/> Mail | <input type="checkbox"/> Email |
| <input type="checkbox"/> FMX | <input type="checkbox"/> BWX | |
| <input type="checkbox"/> PAs | <input type="checkbox"/> PANO | |

Periodontal Treatment Completed in Your Office

- Debridement
- Scaling & Root Planing
- Periodontal Maintenance

Notes

Appointment

Date _____ Location _____

Time _____

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