



Center for ADVANCED PERIODONTAL IMPLANT CARE Inc

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Introducing _____ Date _____

Patient Phone # _____

Referred by Dr. _____ Date _____

Referred by RDH _____ Date _____

Patient referred for

Comprehensive periodontal exam _____

Site-specific evaluation _____

Implant evaluation _____

Crown/Root lengthening _____

Periodontal abscess _____

Gingival recession _____

Frenectomy _____

Surgical exposure for Ortho reasons _____

Extraction _____

3rd molar extractions _____

Ridge augmentation _____

Sinus evaluation _____

Oral/Gingival lesion _____

Sedation _____

CT scan _____

Facial rejuvenation _____

Remarks

