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Diplomate, American Board of Periodontology

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Patient Name _____

Today's Date _____

- Referral For Limited Evaluation
 Comprehensive Periodontal Evaluation

Referring Doctor _____

PLEASE EVALUATE THE FOLLOWING

- | | |
|--|--|
| <input type="checkbox"/> Dental Implant(s) | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Gingival Graft(s) | <input type="checkbox"/> Extraction(s) |
| <input type="checkbox"/> Bone Graft(s) | <input type="checkbox"/> Osseous Surgery |
| <input type="checkbox"/> Laser Treatment (LANAP/LAPIP) | <input type="checkbox"/> Sinus Lift |
| <input type="checkbox"/> Guided Tissue Regeneration | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Biopsy of _____ | <input type="checkbox"/> Tori Removal |

Please call patient at _____
to schedule appointment.

Patient will call to schedule appointment.

Current X-rays: Yes No

AREA OR TEETH IN QUESTION _____

ADDITIONAL COMMENTS _____

**Please inform us at least one day in advance if you
are unable to keep your appointment.**

Learn more about us and your dental health
at **cheyenneperiodontics.com**

