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**Periodontics and Dental Implants**

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Introducing \_\_\_\_\_ from the office of Dr. \_\_\_\_\_

**Please evaluate for:**

- Comprehensive Periodontal Examination & Therapy
- Localized Periodontal Problem # \_\_\_\_\_
- Crown Lengthening for # \_\_\_\_\_
- Implant Consultation - Specify Location & Implant Preference \_\_\_\_\_
- Frenectomy - Maxillary or Mandibular (please circle)
- Fiberotomy for # \_\_\_\_\_
- Surgical Exposure of Impacted Tooth # \_\_\_\_\_
- Biopsy of \_\_\_\_\_
- Other - Please Describe \_\_\_\_\_

**The Restorative Treatment Plan is:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Radiographs will be provided by referring office. If yes, please select method:  
 Email                       Mail                       Given to Patient
- Please take Radiographs as needed (Duplicates will be provided to Referring Doctor's Office). If Yes, Please select Format:  
 Printed Copy                       CD Rom                       Email

**Preferred Maintenance for Comprehensive Periodontal Cases:**

- at Referring Doctor's Office
- at Livingston Periodontal
- Alternating Recalls

I would like Patient's report:     Phoned     Mailed     Emailed     Faxed