



Anna M. Munné D.D.S., P.A.

Periodontics • Implants • Root Canals

Diplomat of the American Academy of Periodontology

PATIENT NAME: _____

PHONE NUMBER: _____

DATE: _____

APPOINTMENT: Please call patient for appointment Patient will call your office for appointment

If the Patient does not call within 14 days, please call him or her.

Exiting X-rays taken

- BW'S Dated: _____
- FMX Dated: _____
- PANO Dated: _____
- PA's teeth#'(s): _____ Dated: _____
- Please return X-Rays to our office.

Referring Doctor: _____ Referring Doctor Office #: _____

PERIODONTICS

I AM REFERRING THIS PATIENT FOR:

- Comprehensive periodontal evaluation
- Limited periodontal evaluation to: _____

- Crown Lengthening Procedure
#: _____
- Recession/Grafting
#: _____
- GTR &/or Bone Grafting
#: _____
- Last S/RP performed
#: _____
- Other:

ROOT CANALS

- Evaluation & Diagnosis: _____

- Root Canal TX:

- Apicoectomy:

- Place post
- Place base
- Complete restoration

Comments or Additional Request: _____

CASE PLANNING:

- Please call BEFORE examination
- please call AFTER examination
but before consult.
- Other:

IMPLANTS

Please Proceed with:

- Extraction
- Ridge Augmentation
- Sinus Graft
- Implants

Areas:

- please place prosthetic abutment(s) and send for final restoration.
- please place final restoration and refer back.
- Other:

please fabricate surgical guide

Additional Comments:

4817 Main St. Suite 200
Houston, TX 77002
Phone: (713) 795-4666
Fax: (713) 795-5514
Email: info@drmunne.com