

Williamsburg Periodontics
Practice Limited to Periodontics and Implants

Dr Michael Schroer
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Patient Name _____ Patient Phone _____

Referring Dentist _____ Date _____

Evaluate For:

Periodontitis
 Implants
 Periimplantitis
 Mucogingival Concerns
 Other _____

LANAP
 Crown Lengthening
 Frenectomy/Gingivectomy
 Aesthetic

Medical Concerns

Premedication
 Other _____

Radiographs Available

Full Mouth Series/Panorex
 BWS/PA

Periodontal Treatment Completed:

Scaling and Root Planing UR/LR/UL/LL Date Completed _____
 Periodontal Maintenance Date Completed _____

Comments _____

Patient will call for appointment

Please call Patient for appointment