



PERIODONTAL ASSOCIATES OF EASTERN IOWA

Coralville Office (319) 645-0018 Iowa City Office (319) 337-3588 Mount Pleasant Office (319) 385-5272 Hiawatha Office (319) 319-6049

Dr. Derek Borgwardt • Dr. Sarah Rinehart • Dr. Danielle Nici
 Dr. Trisha Nguyen-Luu • Dr. Madeline Swenson • Any Doctor

Referring Dentist: _____ Date: _____

Phone Number: _____ Please contact me to further discuss this case

Patient Name: _____ Patient DOB: _____

Phone Number: _____

Appointment Scheduled Patient Will Call To Schedule Please Call Patient To Schedule

Requested Treatment

UPPER RIGHT								UPPER LEFT							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
LOWER RIGHT								LOWER LEFT							

- Comprehensive Periodontal Exam
- Consultation (Limited) _____
- Emergency Treatment _____
- Mucogingival Recession Pre-prosthetic Reconstruction Exposure of Impacted Tooth
- Crown Lengthening Dental Implant(s) Surgically Facilitated Orthodontics
- Esthetic Gingival Contouring Extraction(s) - Diagnosis: _____

Radiographs E-mailed Mailed With Patient Please take as necessary

Previous Periodontal Treatment: _____

Comments: _____

Medication note: Patients who require antibiotic prophylaxis before dental treatment need to take their antibiotics ONE hour prior to their appointment.

Insurance note: Patients will be asked to pay their co-insurance estimate at the time of service.

It is important that we receive referral form & radiographs prior to scheduled appointment.

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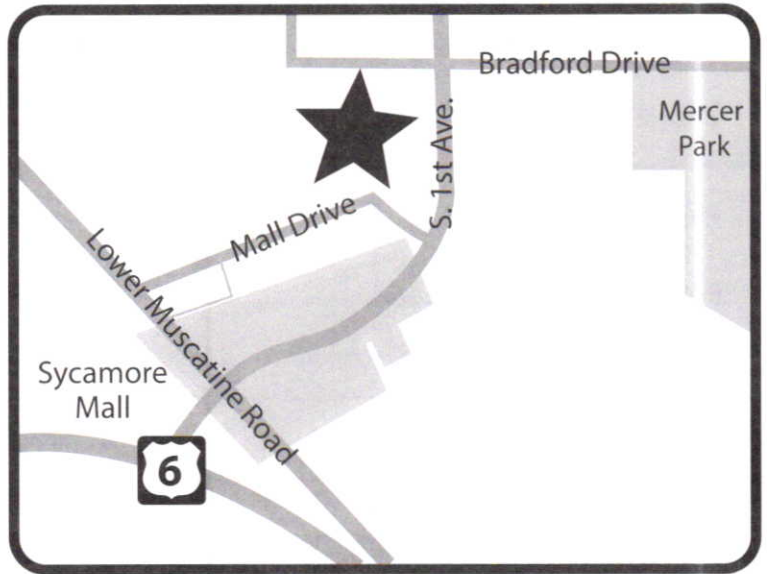
Coralville Office

2441 Coral Ct. Ste #5 • Coralville, IA 52241
Ph: (319) 645-0018 • Fax: (319) 351-8348



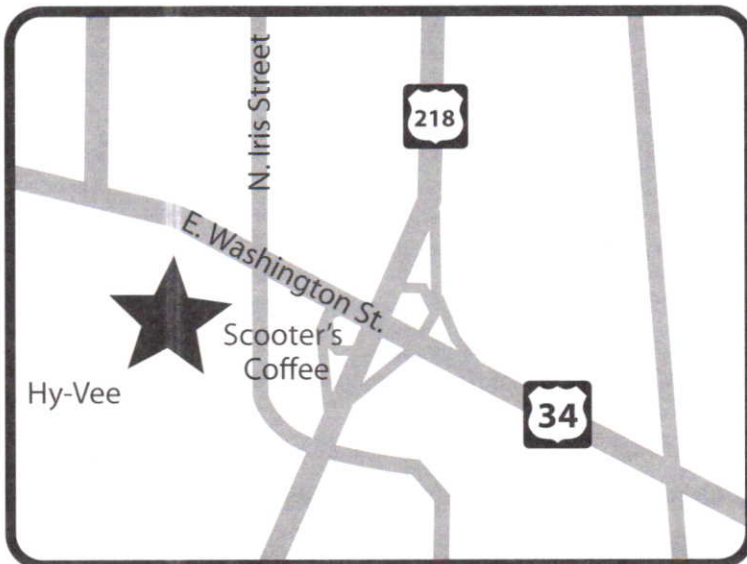
Iowa City Office

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Mount Pleasant Office

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Hiawatha Office

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