

From Aava Dental Of: _____ To: _____

Introducing _____

Home Phone () _____ Work Phone () _____

Referred by Dr. _____ Date _____

Treatment Requested: Please check all that may apply

- ORAL SURGERY** Tooth/Area _____
- Wisdom teeth extractions
 - Full mouth extractions
 - Extraction # _____
 - Biopsy Area _____
 - Other _____
 - IV Sedation

- ORTHODONTICS** Tooth/Area _____
- Mixed Dentition (Kids, Teenage)
 - Permanent Dentition (Adult)
 - Periodontal compromised (Space, Shift)
 - Fixed Appliance (Braces, Rapid palatal expansion, Quad helix, Lingual arch)
 - Removable Appliance (Retainer, Bite plate)
 - Functional Appliance (Frankel, Bionator, Jasper jumper)
 - Invisalign (Anterior, Full mouth)
 - Preventative Appliance (Lip/tongue/ finger habits, Space maintainer)
 - Clear Esthetic Braces

- PERIODONTICS** Tooth/Area _____
- Comprehensive Examination
 - Limited Examination
 - Implants
 - Recession/Mucogingival defect- Soft tissue graft
 - Gingivectomy
 - Frenectomy
 - Transseptal fiberotomy
 - Halitosis Treatment
 - Impacted tooth exposure
 - Bone graft
 - Crown Lengthening
 - Ridge Augmentation
 - Pre-Prosthetic
 - Oral Plastic Surgery
 - Abscess
 - Night Guard
 - Sinus Lift
 - IV Sedation
 - Oral Cancer Screening

- ENDODONTICS** Tooth/Area _____
- Root Canal Treatment/Evaluation
 - Failed RCT-Retreatment
 - Intractable pain
 - Apicoectomy
 - Other _____

- PROSTHODONTICS** Tooth/Area _____
- Fixed (Crown and Bridge)
 - Complete dentures
 - Partial dentures
 - Occlusal adjustment
 - Implant restoration
 - Full mouth reconstruction
 - Other _____

- TMD** Tooth/Area _____
- TMJ/MPD Syndrome (Popping, pain, limited opening)
 - Disc displace (Popping/clicking/crepitus)
 - TMJ Hypermobility/TMJ Osteoarthritis
 - TMJ Splint/Night guard/Sports guard
 - Snoring Device

- PEDODONTICS** Tooth/Area _____
- Comprehensive examination
 - Limited examination
 - Extractions
 - Oral Sedation
 - General Sedation
 - Fillings
 - Space maintainer

- RADIOLOGY** Tooth/Area _____
- CT-Conebeam [with CD]
 - Pano
 - Ceph

COMMENTS: _____

White Copy - Patient • Yellow Copy - Dentist