

J. Rutledge Coleman, Jr., DMD, PA

Practice Limited to Periodontics, TMJ and Dental Implants

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912.354.3444

Name: _____ DOB: _____ Phone: _____ (h/w/c)

Street: _____ City: _____ ZIP: _____

Does Patient Premed? YES NO

Provide Evaluation for:

Periodontal Condition Comprehensive Evaluation _____

Biopsy (area) _____

Gingival Recession - Tooth# _____

Crown Lengthening - Tooth# _____

TMJ/Occlusal Dysfunction _____

Extraction (with/without bone graft) _____

Implant - Tooth# _____

Referring Dentist Name _____ Date Referred _____ Appt Scheduled _____

Treatment scheduled or treatment to be done at your office _____

Prior Periodontal Treatment & Dates

SRP _____

Periodontal Surgery

X-Rays: FMX (date) _____ PA _____ Patient bring/mail/email

Take: PANO _____ PA _____

Comments: _____

