



North Dallas Periodontics & Implant Center  
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*Marjan Adami, D.D.S.*

Diplomate, American Board of Periodontology

Date: \_\_\_\_\_

Referring Dr.: \_\_\_\_\_

Patient: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

\_\_\_\_ Please call patient

\_\_\_\_ Patient will call for appointment

Patient Phone: \_\_\_\_\_

Please Evaluate Patient For:

Complete Periodontal Evaluation

Has the Patient Received Quadrant Scaling & Root Planning? \_\_\_ Yes \_\_\_ No

If yes, when? \_\_\_\_\_

Limited Periodontal Evaluation

Area: \_\_\_\_\_

Crown Lengthening

Tooth/Teeth #: \_\_\_\_\_

Gingival Recession

Area('s): \_\_\_\_\_

Mucogingival Defect

Area('s): \_\_\_\_\_

Implant Consultation

Tooth/Teeth #: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did the patient have x-rays taken that you can provide? \_\_\_ Yes \_\_\_ No

FMX  PANO  BW  PA('s)

Date Taken: \_\_\_\_\_

\_\_\_\_ Accompanying patient

\_\_\_\_ Emailed to our office

Are you requesting a Cone Beam CT? \_\_\_ Yes \_\_\_ No

**We offer same day appointments for emergency care.**