Cleveland Clinic
Head and Neck Institute

Sasha Ross, DMD, MS
Diplomate of the American Board of Periodontology

Date: _____

Patient Name: _____ **Patient Phone Number:** _____

Referring Dentist: _____ **Dentist Phone Number:** _____

- □ Comprehensive periodontal examination _____
- □ Localized periodontal examination (#: _____)
- □ Periodontal (osseous) surgery (#: _____)
- □ Gum recession (#: _____)
- □ Gingivectomy/plasty(#: _____)
- □ Crown lengthening (#:_____)
- □ Extractions/site preservation (#: _____)
- □ Implant (s) (#: _____)
- □ Management of implant complications/peri-implantitis (#:_____)
- □ Soft tissue biopsy (#: _____)
- □ Other; please specify _____

History of scaling/root planing (quadrant /date) _____

*Please email any current radiographs including recent full mouth series or panoramic films within the past 5 years to **dentalimages@ccf.org**

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