Beach
PERIO, IMPLANTS
& MEDSPA

PATIENT INTAKE FORM

PATIENT INFORMATION

Name: .....

Phone: .....

Insurance: .....

REFERRAL INFORMATION

Doctor: .....

Phone: .....

Reason: .....

REASON FOR REFERRAL

- Periodonatal Evaluation
- Missing Teeth / Implants
- Crown Lengthening
- TMD
- Full Arch Replacement
- Tissue Grafting
- Botox / Filler / Threads

Does patient require premedication? YES NO

If so, which antibiotic? .....

PREVIOUS PERIO TREATMENT

- None
- Prophy
- SC /RP
- Surgery

RADIOGRAPHS

- Take / Send Copy
- PT will Bring
- Emailed

Tooth #'s:

Quads:

COMMENTS:

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368 Elm Ridge Center Dr.
Rochester, NY 14626

Ph: 585-326-8431
Fax: 585-486-3048

info@beachperio.com
www.beachperio.com