

Howell Dental Surgery Group, P.A.
Debra G. Salman, D.D.S.
Practice Limited to Periodontics

NJ Specialty # 3508
www.howelldentalsurgery.com

100 Candlewood Commons
Howell, N.J. 07731
732-364-0400

Today's Date: _____ Appt.Date: _____ Time: _____
Patient's Name: _____
Patient's Phone: _____
Referred by Doctor: _____

REASON FOR REFERRAL:

- Complete Periodontal Examination: _____
- Specific Area of Concern: _____

ADULT DENTITION

Right	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16	left
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17	

- Crown Lengthening Tooth #: _____
- Gingival Recession : _____
- Emergency Care: _____
- Other: _____

RECENT FULL MOUTH RADIOGRAPHS:

- Unavailable, please take new radiographs.
- Date of radiographs: _____
- Copy given to patient.
- Mailed to your office.

REMARKS/SPECIAL INSTRUCTIONS:

Important Information to Patients scheduled for appointments

Please bring and present this slip at the time of your appointment, with any accompanying x-rays. Patients under 18 years of age need to be accompanied by a parent or legal guardian.

