

# C. Elaine Brown, D.D.S., M.S., P.A.

*PRACTICE LIMITED TO PERIODONTICS*

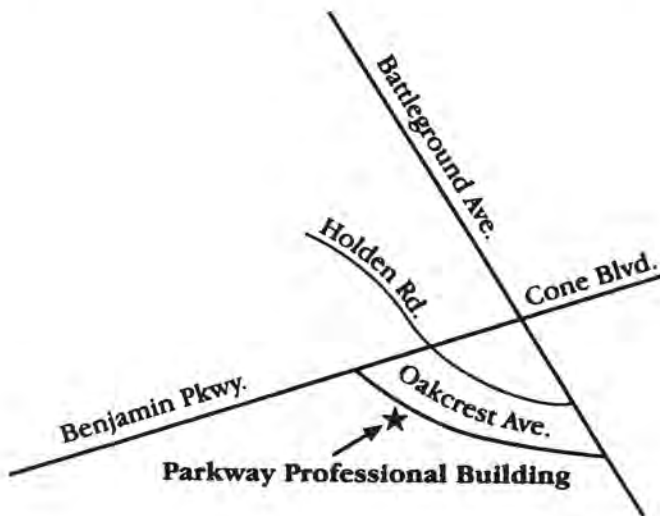
*Periodontal Plastic Surgery • Dental Implants*

2601-C Oakcrest Avenue  
Greensboro, NC 27408

Telephone (336) 286-8111

Fax (336) 286-8999

PATIENT'S COPY



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## MAIL TO DR. BROWN

Introducing \_\_\_\_\_

Home # \_\_\_\_\_ Business # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred by: \_\_\_\_\_ Date \_\_\_\_\_

Please check instructions:

- An appointment was scheduled on \_\_\_\_\_ at \_\_\_\_\_ AM  
PM
- Have your office call to schedule appointment
- Patient will call for an appointment
- Please call prior to examining patient

Radiographs:

- We are forwarding radiographs taken \_\_\_\_\_  BW's  FMS
- Please take radiographs as needed and send a copy.

Previous periodontal therapy has consisted of \_\_\_\_\_

## REASON FOR REFERRAL

- Comprehensive Exam and Treatment  Crown Lengthening \_\_\_\_\_
- Limited Exam \_\_\_\_\_  Mucogingival Defects \_\_\_\_\_
- Oral Pathology/Biopsy \_\_\_\_\_  Gingivectomy \_\_\_\_\_
- Implant Consult \_\_\_\_\_  Frenectomy \_\_\_\_\_
- Anterior Esthetic Periodontal Surgery \_\_\_\_\_
- Other \_\_\_\_\_

Please comment on Restorative Plan: \_\_\_\_\_

Additional comments: \_\_\_\_\_

RIGHT

LEFT

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