



altura

PERIODONTICS
& DENTAL IMPLANTS

THE HEIGHT OF TREATMENT

- Alan Z. Pomeranz, DMD, MMSc
- Emilio Argüello, DMD, MMSc
- Eduardo Marcuschamer, DMD
- Heather Hong DDS, MMSc
- Neil Neugeboren, DDS, MA
- Arthur Yagudayev, DDS, MSD

Patient _____ Tel No. _____ Date _____

- Comprehensive Periodontal Evaluation
- Isolated Evaluation for area _____
- Implant Consultation _____

Root planing and scaling performed on (dates): UR _____ UL _____ LL _____ LR _____

- Please call me prior to seeing patient.
- Please call me after seeing patient.

Areas of Concern and Restorative Dentistry Treatment Plan: _____

- I will provide an FMX for a comprehensive evaluation OR limited radiographs for an isolated evaluation.
- Please take FMX/Pano and send to our office with the follow up letter.
- Insurance Company _____

Referred by Dr. _____ Tel No. _____



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