



DR. SASHA STASKO

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PERIODONTICS & IMPLANT SURGERY

Patient Name:

Patient Phone:

Referred By Dr.

Referral Date:

☐ Implant Surgery: Tooth or Teeth Present

☐ Implant Surgery: Tooth or Teeth Missing

☐ Implant Surgery: Full Arch

☐ Peri-Implantitis

☐ Bone Grafting/Ridge Regeneration

☐ Extraction(s)

☐ Canine Exposure

☐ Acute Periodontal Condition

☐ Comprehensive Periodontal Evaluation

☐ Soft Tissue Grafting/Gingival Recessions

☐ Flap Surgery +/- Regeneration

☐ Crown Lengthening: Pre-Prosthetic

☐ Crown Lengthening: Esthetic

☐ Gingivectomy

☐ Frenum Release

☐ Biopsy/ Pathology

Site(s):

Comments:

Radiographs Available: ☐ Periapical(s) ☐ Panorax ☐ Bitewing(s) ☐ CBCT ☐ None