

NORTHEAST GEORGIA PERIODONTICS

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NAME OF REFERRING DOCTOR:

PATIENT INFO:

NAME _____

PHONE _____

LEVEL OF TREATMENT DESIRED:

- Evaluate, Diagnose, Treat Comprehensively
- Evaluate, Treat Specified Areas Only
- Evaluate, Call to Review Treatment Plan

COMMENTS: _____

TREATMENT NEEDED:

PERIODONTAL CARE

- Full Mouth Periodontal Treatment
- Soft Tissue Grafts
- Osseous Surgery
- Tori Removal
- Gingivectomy
- Frenectomy
- Extraction of Teeth
- Crown Lengthening

IMPLANTS

- Implant Evaluation

GRAFTS

- Soft Tissue Graft
- Bone Graft

CROWN LENGTHENING

- Crown lengthening

ORTHODONTIC

- Tooth Exposure
- Frenectomy
- Graft
- Fiberotomy
- Gingivectomy

CAT SCAN

- Full Mouth / Head CT Scan

TMJ

- Evaluation and TMJ Therapy
- Splint Fabrication

COSMETIC TREATMENT

- Grafts - Root Coverage
- Ridge Augmentation
- Gingivectomy
- Crown Lengthening

AUGMENTATION

- Ridge Augmentation Graft
- Socket Preservation Bone Graft

PATHOLOGY

- Soft Tissue Biopsy
- Hard Tissue Biopsy