

# DONNA THOMAS MOSES, D.M.D., P.C.

*Practice Limited To Periodontics and Dental Implants*



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530 Newnan Street  
Carrollton, GA 30117

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ph: 770-832-0089  
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Introducing: \_\_\_\_\_ Tel: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Appt. Date: \_\_\_\_\_ Time: \_\_\_\_\_ Day: \_\_\_\_\_

## **REASON FOR REFERRAL**

- Biopsy
- Cosmetic recontouring
- Crown exposure
- Crown lengthening
- Emergency problem
- Extraction
- Frenum pull
- Gingival recession
- Implant Consult # \_\_\_\_\_
- Periodontal evaluation  
Specific concern \_\_\_\_\_
- Restorative plans  
 yes  no
- Ridge augmentation

## **RADIOGRAPHS**

- Take radiographs
- Sending FMX
- Sending PA
- Sending BWs

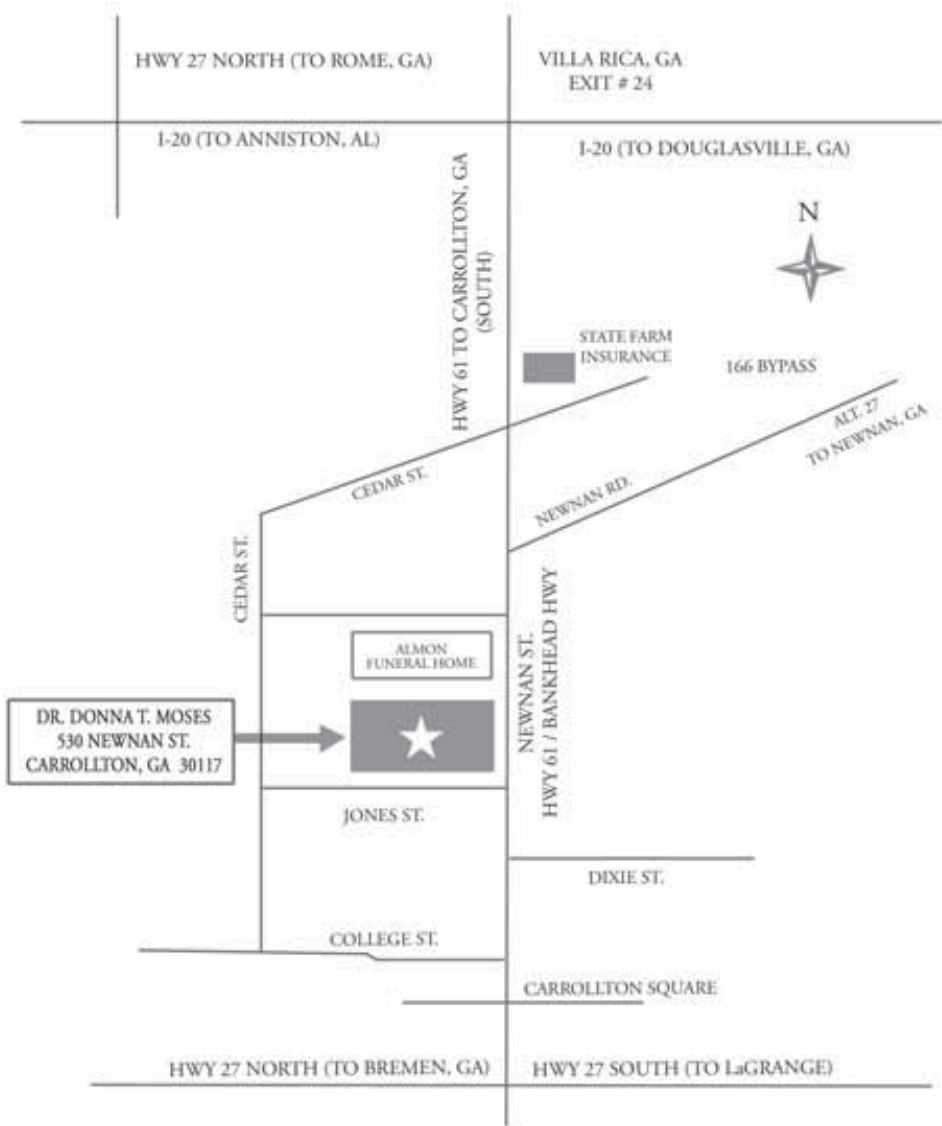
## **WELCOME TO OUR PERIODONTAL PRACTICE**

Our office is committed to providing you with the highest quality of care possible. To help us in scheduling your appointment, please remember the following:

1. The initial visit, with the exception of certain emergency cases, is for consultation only. This enables us to fully evaluate your present status and tailor the care to your specific needs.
2. Unmarried patients under eighteen (18) years of age must be accompanied by a parent or legal guardian at the time of the initial consult.
3. Please bring all pertinent medical information and a list of all medications you are currently taking.
4. Pre-medication required. If you have been told in the past that you would need to pre-medicate with antibiotics prior to dental treatment but no longer need to, please bring a letter of release from your physician.

## **MEDICAL ALERTS**

- Premedication required
- Allergies
- Takes aspirin, NSAID, or other blood thinning medications
- Patient would benefit from use of Nitrous Oxide Sedation
- Other



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