BOYESEN
PERIODONTICS

PERIODONTICS • LASERS • IMPLANTS

Janie L. Boyesen, DDS, DMSc
7761 Shaffer Pkwy, Suite 240
Littleton, CO 80127-4248
Ph: 303-979-1705 • Fax: 303-979-2038
perio@boyesenperio.com
www.boyesenperio.com

				A	B	C	D	E		F	G	H	I	J			
	1	2	3	4	5	6	7	8		9	10	11	12	13	14	15	16
RIGHT																	LEFT
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17
				T	S	R	Q	P		O	N	M	L	K			

Referring Dr. : _____

Patient Name: _____

Patient Phone: _____

Reason for Referral: _____

_____

_____

____ An appointment was made on _____ ____ Your office to call patient

____ Please call prior to examining patient ____ Patient will call

Please email most recent FMX and other relevant radiographs to **perio@boyesenperio.com.**

Periodontal therapy to date: _____

_____

_____

_____

_____

Significant medical, dental history which may help: _____

_____

_____

_____

_____

Comments/proposed restorative treatment: _____

_____

_____