WORTHINGTON DENTAL GROUP

Dr. Richard P. Cunningham D.D.S.
Prosthodontist

Dr. John Duckworth D.M.D M.Med.SC
Periodontist

Date: _____

Patients Name: _____ Phone: _____
(Please email us a copy and have patient bring this form to their appointment.)

Referred by: _____

- ☐ Comprehensive Exam
- ☐ Limited Exam
- ☐ Implant
- ☐ Full arch (hybrid) cases
- ☐ Periodontitis / Unresolved pocket depths >6 mm
- ☐ Recession
- ☐ Other _____
- ☐ Extractions
- ☐ Tooth Exposure
- ☐ Facial Pain (TMJ) / Occlusal Evaluation
- ☐ Frenectomy
- ☐ Peri-Implantitis
- ☐ Oral Pathology Evaluation / Biopsy

☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10	☐ 11	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16
32 ☐	31 ☐	30 ☐	29 ☐	28 ☐	27 ☐	26 ☐	25 ☐	24 ☐	23 ☐	22 ☐	21 ☐	20 ☐	19 ☐	18 ☐	17 ☐

Please take X-rays as needed ☐ YES ☐ NO

Sending X-rays for teeth #: _____

Has Root Planning been completed? ☐ YES ☐ NO
☐ UR ☐ LR ☐ UL ☐ LL

Comments: _____

_____

_____

_____

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