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Introducing \_\_\_\_\_

**Appointment** (please check one)

- ☐ Please call patient for appointment. Patient phone \_\_\_\_\_
- ☐ Patient will call your office for appointment

**X-Rays** (please check one)

A complete series:

- ☐ is enclosed
- ☐ has been mailed
- ☐ patient will bring

**Previous Periodontal Treatment**

- ☐ Root Planing. When \_\_\_\_\_
- ☐ Surgery. When \_\_\_\_\_

Areas of Concern \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Implants \_\_\_\_\_

\_\_\_\_\_

Anticipated Restorative Treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Send Additional**

- ☐ Patient Brochures
- ☐ Referral Slips

Dr. \_\_\_\_\_

Date \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

