

Lana K. Anderson, D.D.S.
Practice Limited to Periodontics

Introducing: _____ Date of Birth _____

Patient's phone number: Home _____ Work: _____

Patient will call for appt. _____ Please call patient _____

Patient's Address: _____

Any medical concerns? _____

Does patient require antibiotics prior to dental treatment? _____

Referring Doctor Information

Referred By: _____ Phone _____

E-Mail _____

Reason for
referral: _____

What periodontal treatment have you provided? _____

What maintenance interval is the patient on? _____

Date of last FMS _____ Please send most recent radiographs.