



DR. MICHAEL SHAPIRO, DDS, MA, CAGS

28871 CENTER RIDGE ROAD, SUITE 104, WESTLAKE OH 44145

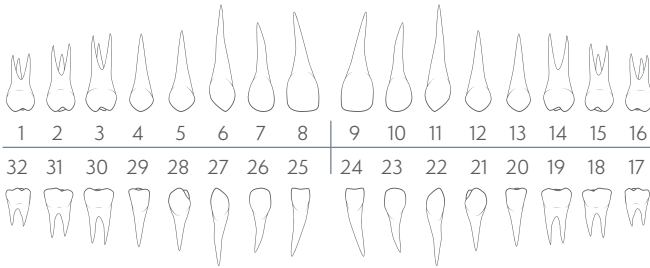
440.871.2201 | OFFICE@OHIODIOS.COM

Date: _____ Patient Name: _____

DOB: _____ Patient Phone: _____

Referred by: _____

TEETH OR AREA TO BE EVALUATED



RECOMMENDED PROCEDURE:

- | | |
|---|---|
| <input type="checkbox"/> Tooth Extractions / Wisdom Teeth | <input type="checkbox"/> Ridge Augmentation / Sinus Lift |
| <input type="checkbox"/> Biopsy for Pathology | <input type="checkbox"/> Bone Grafting |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Periodontal Examination |
| <input type="checkbox"/> Expose & Bond | <input type="checkbox"/> Recession / Soft Tissue Grafting |
| <input type="checkbox"/> Dental Implants | <input type="checkbox"/> Crown Lengthening |
| <input type="checkbox"/> Peri-Implantitis | <input type="checkbox"/> Other _____ |

FULL ARCH IMPLANT RECONSTRUCTION:

- Fixed All-on-X
- Removable Locator Overdenture

Notes: _____

