



**RomanoPerio & Associates**  
PERIODONTICS/ DENTAL IMPLANTS  
7701 SW 62 AVE SUITE# A-1  
South Miami FL. 33143

**(305) 40 DENTAL (305) 403-6222 FAX (305) 403-4222**

PLEASE CIRCLE TOOTH (TEETH) TO BE TREATED

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

Comprehensive Periodontal Evaluation? (Y) / (N) (Please include FMX)

Attention: Rodrigo Romano D.D.S., M.S.

Referred by Dr. \_\_\_\_\_

Name of Patient: \_\_\_\_\_

Comments: \_\_\_\_\_

Appt Date: \_\_\_\_\_

Appt Time: \_\_\_\_\_