

Patient:													
Referred by Dr.:													
Referred To	· o: □	Dr. F	Robe	rt J.	Mill	er		Dr.	Rar	ndi J	. Ko	rn	
Please evaluate my patient for the following:													
☐ Comprehensive Periodontal Evaluation													
☐ Localized Evaluation #													
☐ Dental Implants													
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SIDE												SI	DE
32 31 3	30 29	28	27					22	21	20	19	18	17
MANDIBLE													



Robert J. Miller, DMD Randi J. Korn, DMD

Practice Limited to Periodontics and Implant Surgery

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APPOINTMENT

DAY	DATE	TIME
REMARKS		

Your doctor should be praised for the diagnosis of your dental problems. Periodontal disease is a deceptive disease which affects more than half of all people over the age of 18. The use of dental implants to replace missing teeth is often the treatment of choice.

Our office will make every attempt to keep you comfortable, well informed and special, during treatment. We look forward to helping to enjoy your teeth for a lifetime