

JEFFREY P. GILLER, D.D.S.

PRACTICE LIMITED TO PERIODONTICS

340 DOGWOOD AVENUE, SUITE 101
FRANKLIN SQUARE, NEW YORK 11010
(516) 565-2018

Periodontal Enhancement Prescription

Patient's Name _____ Date _____

Referred By Dr. _____

Sig. Med. Hx: _____ Does this pt. require premedication? Yes ___ No ___

Reason patient originally presented for treatment:

Whiter teeth _____ Straighter teeth _____ Defective Restorations _____

Longer teeth _____ Gummy smile _____ Dental Implants _____

Alveolar Ridge Deficiency _____ Recession _____ Other _____

Final treatment will include: (List each tooth number after the appropriate treatment modality)

Bleaching _____

Bonded Restorations _____

Direct Bonded Veneers _____

Porcelain Veneers _____

Porcelain Crowns _____

Fixed Bridges _____

Are there any time restraints on treatment? _____

