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Referring: _____

Referred by Dr. _____ Date: _____

Appointment Date/Time: _____

Previous Periodontal Treatment: _____

PLEASE EVALUATE:

Implant Therapy _____

Surgical Guide Provided: ___ Yes ___ No

Would like the patient returned to my office after the following implant stage is complete:

___ Healing Screws ___ Prosthetic Abutment ___ Temporary Crown

Periodontal Condition Cosmetic Crown Lengthening

Gingival Recession/Grafting # ___ Crown Lengthening # ___

Impacted Tooth Exposure # ___ Periodontal Abscess # ___

Frenulectomy & Fiberotomy # ___ Periodontal Maintenance

Special Problem Areas Limited to Tooth/Teeth # _____

Restorative Treatment Plan _____

Remarks _____

RADIOGRAPHS: Sent with Patient Mailed To be taken



We are serious about providing superior service and are proud of our dedication to our patients and their periodontal care.

In order to make your visit go as smoothly as possible, please provide us with the following information at your consultation:

- The referral slip from your referring dentist.
- Any other pertinent information from your referring dentist.
- Any current x-rays.
- Any dental insurance information.
- Please fill out the Patient Information Form on our website under the [Patient Info tab](#). Please complete this form as accurately as possible - all information will be kept in your confidential dental record.

We look forward to meeting you! please feel free to contact us about any questions or concerns about your appointment.

**If you are unable to keep an appointment, please provide at least 48 hours notice so that this time may be dedicated to other patients.