

GUS DEHNI, DMD, MMSC, MSC
CHRIS WEBB, DMD, MSD
BRETT DENHART, DMD, MD



CAPE & ISLANDS
PERIODONTICS & ORAL SURGERY

Referred By

Date: _____

PATIENT INFORMATION

Patient Name: _____ Date of Birth: _____

Patient Phone: _____ Appointment Date: _____ Time: _____

RECOMMENDATION

Please Note: URQ / ULQ / LLQ / LRQ and/or Tooth

- Periodontal Evaluation _____
- Extraction (Third Molar) _____
- Extraction with Bone Grafting _____
- Dental Implant _____
- Ridge Augmentation / Sinus Lift _____
- Bony Ridge and/or Soft Tissue Defect Noted / Area _____
- Osseous Surgery (Pocket Elimination) With Bone / Soft Tissue Regeneration _____
- Soft Tissue Recession Noted / Gum Graft Recommended _____
- Crown Lengthening _____
- Soft / Hard Tissue Biopsy _____
- Sedation Requested _____
- Other _____

Laser Therapy (choose below) _____

- Pocket Elimination
- Implant Disinfection
- Frenectomy

PREFERRED DOCTOR (please check):

First Available

- Gus Dehni
Periodontist
- Chris Webb
Periodontist
- Brett Denhart
Oral & Maxillofacial Surgeon

PREFERRED LOCATION (please check):

- 700 Attucks Ln., Suite 2E
Hyannis, MA 02601
508.775.5676
- 342 Gifford St., Unit 2A
Falmouth, MA 02540
508.444.6020
- 930 Pleasant St.
New Bedford, MA 02740
508.996.3131