



Appointment Date _____

Time _____

1033 Bayshore Drive, Suite A
 Rock Hill, SC 29732
 T: (803) 327-4444
 F: (803) 327-4443
 www.carolinaperioendo.com

Chad R. Matthews, DMD, MS

Periodontist

Rachel E. Matthews, DMD, MS

Endodontist

Patient Information

Introducing _____ Date _____

Referring Office _____

Radiographs Available: None BWX PAN Full Mouth CT Scan

Tooth Number/Area of Concern

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

Periodontal Services

- Periodontal Evaluation
 - Root Planing Completed
- Implant(s)
- Tissue Graft(s)
- Crown Lengthening
- Ridge Augmentation
- Sinus Augmentation
- Extraction(s)
- Tooth Uncovery
- Accelerated Orthodontics
- Biopsy (Please comment on back)
- Other (Please comment on back)

Imaging Services

- Cone-Beam CT Scan
 - Mail Scan to Office
 - Send Scan with Patient

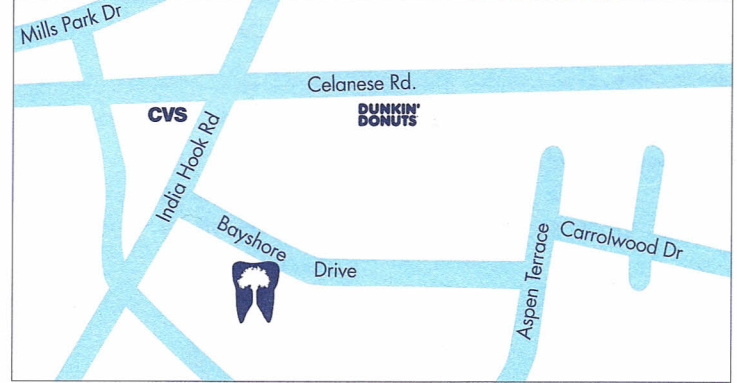
Endodontic Services

- History:**
- Pain
 - Swelling
 - Sensitivity
 - Treatment Initiated
 - Radiolucency
 - Pulp Exposure
 - Trauma
- Please:**
- Evaluation only
 - Endodontic Treatment
 - Endodontic Re-Treatment
 - Prepare Post Space
 - Surgical Endodontics
 - Other (Please comment on back)



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Comments
