

Lee S. Hauer, D.D.S.

Diplomate of the American Board of Periodontology
Practice Limited to Periodontics and Implant Dentistry

Patient Name _____ Date _____

Phone Number _____

Date of Appointment _____ Time _____

Please see the above patient for the following treatment:

- Please provide a Periodontal Exam & Treatment Plan.
- Please provide a Dental Implant Evaluation.
- Please Call me before seeing this patient.
- Please Call patient for an appointment.

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

Referring Dentist _____

THE OAKS
4350 Sheridan St., Suite 201D
Hollywood, FL 33021-3556
(954) 981-0012 • www.drhauer.net