



H. KENDALL SCHOLES, DMD, MS, PLC

595 North Dobson Road, Bldg. B, Suite 34
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Ph 480 786 0940 Fx 480 786 5694
www.scholesperio.com

Appointment

Date:

Time:

Digital x-rays will be taken for diagnostic purposes at our office.
Thank you.

INTRODUCING: _____
(Patient Name) *(Patient Phone Number)*

Referred by Doctor: _____ Date _____

Please consult / treat regarding:

- Periodontal Evaluation
- Periodontal Pain or Hypersensitivity
- Mucogingival problem
- 3-D Cone Beam CT Scan

Dental Implants

- All on 4
- Maxilla
- Mandible
- Bar OD or Locator OD

Other: _____

Areas of concern are:

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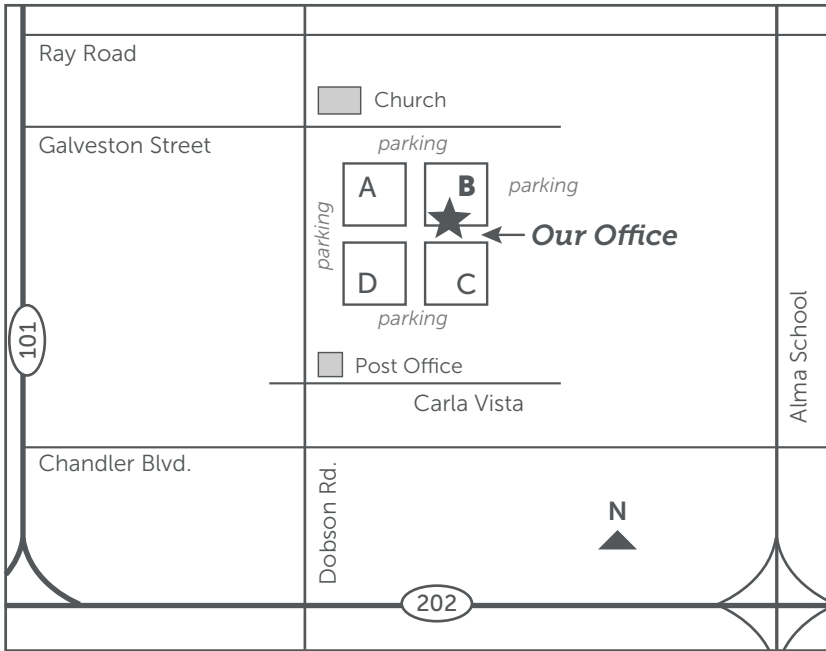
1	2	3	4	5	6	7	8
32	31	30	29	28	27	26	25

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9	10	11	12	13	14	15	16
24	23	22	21	20	19	18	17

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Comments: _____



We are located in Building B, Northeast corner of
 The East Valley Professional Plaza at Anderson Springs.
 Our front door faces the courtyard.

H. Kendall Scholes, DMD, MS
*is dedicated to providing an exceptional level of
 periodontal and implant procedures for your patients.*

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