



DAVID L. KRESE, D.D.S.
PRACTICE LIMITED TO PERIODONTICS & IMPLANTOLOGY

240 Hydraulic Ridge Road
Suite #201
Charlottesville, VA 22901

Date _____

Introducing _____

Contact Number _____

Treatment Consult Requested

- Complete Periodontal Evaluation
- Limited Periodontal Problem #(s) _____

Radiographs Available

- Panorex _____
- Full Mouth Series _____
- Bitewings x _____ on _____
- Periapical #(s) _____ on _____

Delivery Method

- Email
- Snail Mail
- Hand Deliver by Patient
- Please Return Films

Medical needs to premedicate with systemic antibiotics prior to all dental appointments?

yes / no

Clinical Notes _____



Referring Dentist _____