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Introducing: _____ who has an appointment _____
DAY DATE TIME

Patient's Contact Phone: _____ Referring doctor: _____ Today's Date ____ / ____ / ____

Consultation/Procedures Required:

- Generalized periodontal workup
- Isolated periodontal procedures Teeth # _____
- Crown lengthening Teeth # _____
- Soft tissue graft Teeth # _____
- Dental implant Teeth # _____
- Other: _____

Radiographs:

- Enclosed Emailed Given to patient Take as needed

Additional Information:

Date of last FMX: ____ / ____ / ____ None

Dates of scaling and root planing: ____ / ____ / ____

Teeth# scaled: _____

Restorative plan: _____

Additional Remarks/Concerns: _____

Please mail or fax this form to the office

Please arrive at the office at the arrival time set for you. You will have ample time to complete paperwork and do not need to arrive earlier, but we request that you please be on time. Please bring a list of all your medications to your first visit. This appointment has been reserved for you and we request that you notify us one day in advance if you cannot keep the appointment so that it may be given to another patient.

Unless specifically requested when you make the appointment, your first visit with our office is for an examination and planning only. Treatment will not be performed at your first visit. With specialty periodontal and implant care it is often necessary to perform treatment after first determining the extent and exact nature of a patient's needs. Please notify the appointment coordinator when scheduling your first appointment if you are experiencing pain.

Office Location: Our office is located two blocks north of Montgomery Blvd on Louisiana. The office is situated on the East side of Louisiana. **Patient parking** is located in **the larger lot** on the **north side** of the building.

