



Practice Limited to Implants and Periodontics

TO: **Dr. Donald J Steinberg**  
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FROM: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date: \_\_\_\_\_

This is to **INTRODUCE:** \_\_\_\_\_ Patient phone \_\_\_\_\_

- AN APPOINTMENT HAS BEEN RESERVED ON:** \_\_\_\_\_
- PLEASE CALL MY PATIENT TO SCHEDULE AN APPOINTMENT**
- MY PATIENT WILL BE CALLING YOU TO SCHEDULE AN APPOINTMENT**

**My patient requires a complete examination for:**

- Periodontal Evaluation \_\_\_\_\_  Implant Evaluation \_\_\_\_\_
- Graft Evaluation \_\_\_\_\_  Regeneration \_\_\_\_\_
- Soft Tissue Evaluation \_\_\_\_\_  Augmentation \_\_\_\_\_
- Crown Lengthening \_\_\_\_\_  Cosmetics \_\_\_\_\_
- Emergency \_\_\_\_\_  Other \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Radiographs Available:**  Yes  being mailed  patient bringing  
**type:** \_\_\_\_\_ **date taken:** \_\_\_\_\_

**I plan the following restorative/prosthetic treatment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical/History Concerns** \_\_\_\_\_

**PLEASE CALL ME:**  Before Consultation  After consultation