



# Bear Canyon Periodontics & Implant Specialists

Kevin C. Harrison D.M.D., M.S.

8300 Palomas Ave NE, Suite D • Albuquerque, NM 87109  
(505) 275-1662 • Fax: (505) 237-2648 • [bearcanyonperio.com](http://bearcanyonperio.com)

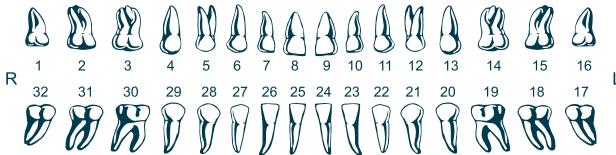
Date: \_\_\_\_\_

Introducing: \_\_\_\_\_

Patient Contact Phone: \_\_\_\_\_

## FOR PROCEDURE AS FOLLOWS

- Full Mouth Exam
- Isolated Area(s)
- Extraction(s)
- Crown Lengthening
- Dental Implant(s)
- Soft Tissue Graft
- Other: \_\_\_\_\_



## PERIODONTAL HISTORY

- Patient Compliance:  Regular  Sporadic  
 Recall Schedule: Every \_\_\_\_\_ months

## PREVIOUS PERIODONTAL THERAPY

- None
  - Scaling, Root Planing
  - Maintenance Only
  - Periodontal Surgery
- Dates: \_\_\_\_\_

## SPECIFIC INSTRUCTIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## RADIOGRAPHS

- Enclosed
- Given to patient
- Date of last FMX \_\_\_\_\_
- Emailed to [xray@bcperionm.com](mailto:xray@bcperionm.com)
- Take as needed

Dr: \_\_\_\_\_ Phone: \_\_\_\_\_



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## IN PREPARATION FOR YOUR VISIT

You have been referred for specialized care to a Periodontist. To schedule an appointment, call (505) 275-1662.

For your first appointment, please bring:

1. This referral slip and any X-rays provided to you.
2. A list of the medications you are presently taking if any.
3. Your dental insurance card if available.

### IMPORTANT:

A pre-operative consultation is mandatory for most procedures and patients wishing to undergo sedation. ALL patients under 18 must be accompanied by a parent or legal guardian. Please alert us if you have a medical condition that may be of concern prior to surgery (i.e. artificial heart valve, artificial joints, osteoporosis medication or blood thinning agents such as Coumadin).