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# Ryan C. Taylor D.D.S. M.S.

*Practice Limited to Periodontics and Dental Implants*

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**Patient Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1 2 3 4 5 6 7 8 / 9 10 11 12 13 14 15 16  
32 31 30 29 28 27 26 25 / 24 23 22 21 20 19 18 17

## PERIODONTAL

- Generalized Periodontal Treatment
- Localized Periodontal Treatment \_\_\_\_\_

## IMPLANT

- Implant Placement \_\_\_\_\_

## PREPROSTHETIC TREATMENT

- Crown Lengthening \_\_\_\_\_
- Ridge Augmentation \_\_\_\_\_

## SOFT TISSUE

- Gingival Graft \_\_\_\_\_
- Frenectomy \_\_\_\_\_
- Other \_\_\_\_\_

## RADIOGRAPHS

- Included Y N

## REMARKS

- PLEASE CALL BEFORE CONSULTATION

- Other \_\_\_\_\_
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