



**Gabriel Boustani, DMD, MSD**

Diplomate of the American Board of Periodontology  
Practice limited to Periodontics, Dental Implants and Oral Pathology

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

Referred by: \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Consultation                | <input type="checkbox"/> Implant            |
| <input type="checkbox"/> Connective Tissue Graft     | <input type="checkbox"/> Biopsy             |
| <input type="checkbox"/> Crown Lengthening/ Cosmetic | <input type="checkbox"/> Frenectomy         |
| <input type="checkbox"/> Pocket Reduction            | <input type="checkbox"/> Peri-Implantitis   |
| <input type="checkbox"/> Extraction                  | <input type="checkbox"/> Ext/Int Resorption |
| <input type="checkbox"/> Other _____                 |   |

Areas of concern: \_\_\_\_\_

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RIGHT								LEFT							
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

**Radiographs**

- Please take
- FMX being sent
- Prior X-Rays available

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