



Dr. Izoh Ashour, DDS, MS

Board Certified Periodontist and Implant Surgeon

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Address: 9623 32nd St. SE, B105, Lake Stevens, WA 98258

Date: _____

Patient Information:

Name:	_____
Address:	_____
Home Phone:	_____ Cell: _____
Referring Doctor:	_____

Proposed Treatment Plan:

- Comprehensive Periodontal Consultation
- Limited Periodontal Consultation
 - Crown Lengthening
 - Gingival Grafting and Recession Treatment
 - Ridge Augmentation
 - Other: _____
- Initial Implant Consultation
 - Procedure Explained (Surgery)
 - Teeth #: _____
- Diagnostic Records (Please Send)
 - X-Ray (Type: _____)
 - Periodontal Charting

Comments:
