

**STEPHEN H. GROSSMAN, D.M.D.**  
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**Periodontics, Dental Implants, Bone Regeneration and Esthetic Root Coverage**

77 Great Road, Suite 206  
Acton, Massachusetts, 01720  
978-263-1313  
Fax: 978-264-4440

93 Union Street, Suite 404  
Newton Centre, MA 02459  
617-332-8550

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

Patient's Name: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Referred by: Dr. \_\_\_\_\_

Please circle appropriate categories

**Chief Complaint:**

General Evaluation	Tooth # _____
Crown Lengthening -	Tooth # _____
Mucogingival Defect -	Tooth position(s) _____
Implant(s) -	Tooth # _____
Regenerative Procedure -	_____
Other _____	_____
_____	_____
_____	_____

**Restorative Treatment Plan:**

Established \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed  
Pending periodontal findings

**Radiographs:**

Last Full Mouth Series (Date) \_\_\_\_\_

**Please take new films and send a copy to us.**

**Soft Tissue Management:**

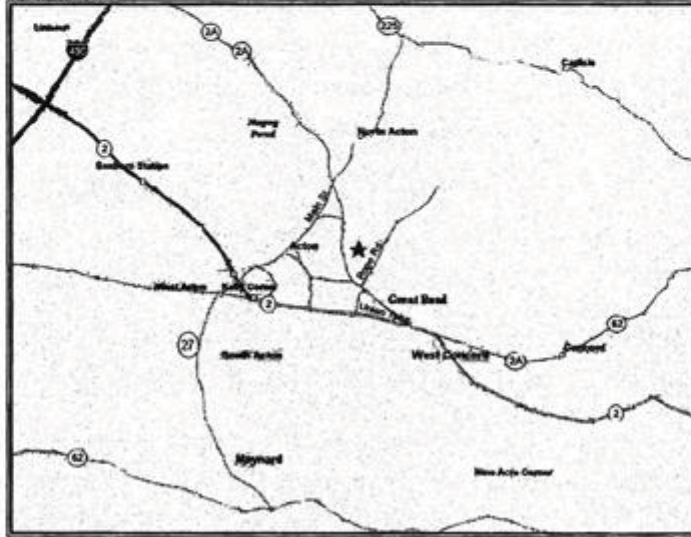
Performed (Date) \_\_\_\_\_

Not performed

**Thank you for your referral to our practice.**

Stephen H. Grossman, D.M.D. and Staff

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