



**STUART ROSS, DMD**

1880 ARLINGTON St. #205

SARASOTA FL 34239

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PATIENT'S NAME \_\_\_\_\_

HOME PH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

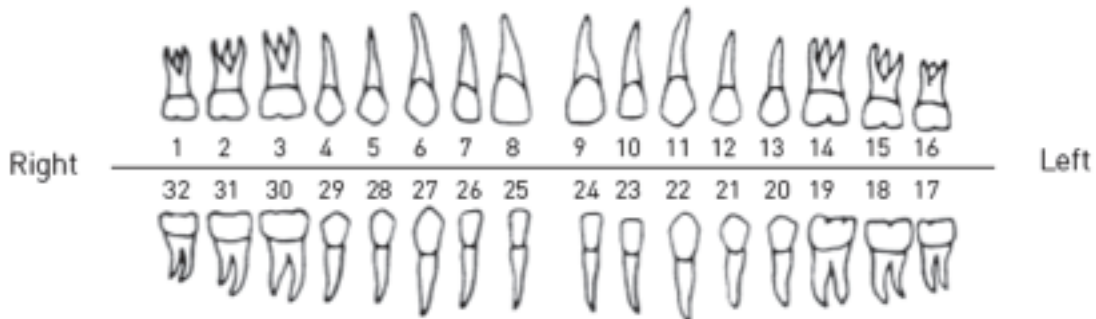
WORK PH: \_\_\_\_\_

REFERRING DOCTOR \_\_\_\_\_

APPT DATE \_\_\_\_\_

REFERRING DOCTOR EMAIL \_\_\_\_\_

X-RAYS SENT VIA \_\_\_\_\_



- PERIODONTAL THERAPY
- SCALING & ROOT PLANING
- POCKET ELIMINATION
- GINGIVAL GRAFT
- ROOT COVERAGE GRAFT
- CROWN LENGTHENING

- EXTRACTION & SOCKET PRESERVATION
- EXTRACTION & IMMEDIATE IMPLANT
- PERIO / PROS TREATMENT PLANNING
- TMJ CONSULT
- SLEEP APNEA
- ORAL BIOPSY

ADDITIONAL COMMENTS

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