

# Douglas C. Wendt, Jr. D.D.S.

Practice Limited to Periodontics and Implant Dentistry  
Hours: Monday - Thursday 8-5, Friday 8-1

Date \_\_\_\_\_ 20 \_\_\_\_\_

INTRODUCING: \_\_\_\_\_

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

PLEASE EVALUATE FOR:

- |  |  |
|--|--|
| <input type="checkbox"/> GINGIVAL BLEEDING/HYPERPLASIA | <input type="checkbox"/> DENTAL IMPLANTS           |
| <input type="checkbox"/> POCKETS                       | <input type="checkbox"/> ASSIST. DIAGNOSIS/TX PLAN |
| <input type="checkbox"/> BONE LOSS                     | <input type="checkbox"/> CROWN LENGTHENING         |
| <input type="checkbox"/> MUCOGINGIVAL DEFECT           | <input type="checkbox"/> FRENECTOMY/FIBEROTOMY     |
| <input type="checkbox"/> TOOTH MOBILITY/DRIFTING       | <input type="checkbox"/> OTHER ORAL PATHOLOGY      |

REMARKS/INSTRUCTIONS: \_\_\_\_\_

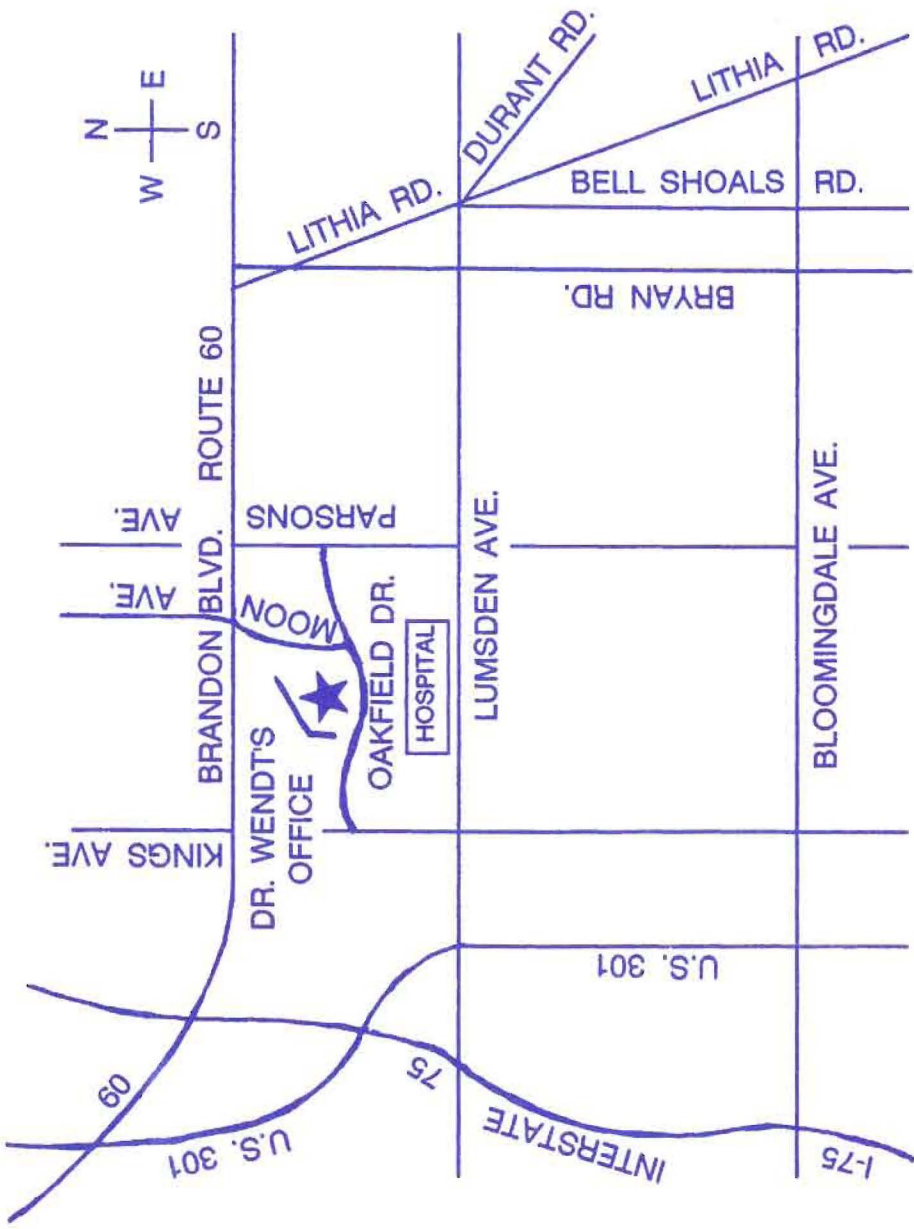
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REFERRED BY DR. \_\_\_\_\_

Appointment: DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM  
PM

**See Reverse Side for Location Map.**

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(Across from Brandon Hospital)