

Monroe Oral Surgery Group, L.L.C.  
Debra G. Salman, D.D.S.  
Practice Limited to Periodontics

NJ Specialty # 3508  
[www.monroeoralsurgery.com](http://www.monroeoralsurgery.com)

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Today's Date: \_\_\_\_\_ Appt.Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Patient's Name: \_\_\_\_\_  
Patient's Phone: \_\_\_\_\_  
Referred by Doctor: \_\_\_\_\_

**REASON FOR REFERRAL:**

- Complete Periodontal Examination: \_\_\_\_\_
- Specific Area of Concern: \_\_\_\_\_

**ADULT DENTITION**

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

- Crown Lengthening Tooth #: \_\_\_\_\_
- Gingival Recession : \_\_\_\_\_
- Emergency Care: \_\_\_\_\_
- Other: \_\_\_\_\_

**RECENT FULL MOUTH RADIOGRAPHS:**

- Unavailable, please take new radiographs.
- Date of radiographs: \_\_\_\_\_
- Copy given to patient.
- Mailed to your office.

**REMARKS/SPECIAL INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Important Information to Patients scheduled for appointments**

Please bring and present this slip at the time of your appointment, with any accompanying x-rays. Patients under 18 years of age need to be accompanied by a parent or legal guardian.