PSI

PERIODONTICS OF SOUTHERN ILLINOIS
Joseph A. Renner D.D.S.
Diplomate of the International Congress of Oral Implantologists
Jason L. Stanczyk, D.M.D., M.S.
Diplomate of the American Board of Periodontology
Brandon A. Bushong D.D.S., M.S.

DATE:_____

☐ #11 PARK PLACE
BELLEVILLE, IL 62226
618-233-7300
800-851-9807
618-233-7432 FAX

☐ 2704 NORTH
STREET MT. VERNON,IL
62864 618-244-7300
618-244-7311 FAX

(REMINDER: PLEASE PRESCRIBE PRE-MED IF REQUIRED)

PATIENT'S NAME:_____ PATIENT'S PHONE NUMBER:_____

REFERRING DENTIST:_____ SIGNATURE:_____

RADIOGRAPHS
- ☐ Will Bring
- ☐ Emailed
- ☐ Enclosed
- ☐ Please Take
- ☐ Please Keep
- ☐ Please Return

PLEASE PROVIDE THE FOLLOWING SERVICES FOR MY PATIENT
- ☐ Periodontal Exam
- ☐ Tissue Graft
- ☐ Osseous Graft
- ☐ Implant(s)
- ☐ Frenectomy
- ☐ Tooth Exposure
- ☐ Crown Lengthening_____
- ☐ Ridge Augmentation
- ☐ 3D Imaging_____
- ☐ Other_____

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

Comments:_____

Restorative options under consideration (i.e. crown(s), bridge(s), partial(s), denture(s); implant(s); general restorative: _____