

TO: Matthew **ZALE**, DMD, Periodontist "The Gum Doctor"

Participates with most major dental insurance companies:

*United Concordia, Blue Shield, Delta Dental, Cigna,
Guardian, National Eleviator, School Claims Service.*

**Rear, Lackawanna Executive Park. Building,
241 Main St., Delaware Bldg., Suite 203
DICKSON CITY, PA 18519
(570) 383-5300 Fax (570) 383-9202**

This is to introduce _____
Name

Who Has an Appointment _____
Time date

Directions:

*I-81 exit 190 (Main St.), turn right, and then left into parking lot.
The Delaware building, 241, is behind the Main St. Bagel restaurant.
Parking spaces are reserved in front of the Delaware building.*

Deep Probing **pockets** depth at *UR, LR, UL, LL* or # _____

Muco-gingival defect: A) **Recession** # _____

B) **Crown lengthening** # _____

Extraction and bone graft at # _____

Implant consult at # _____

Other problems: _____

Radiographs sent: (original/ duplicate), **circle:** PA, BW, Pan, _____
date

Doctor's name *please print*

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date