



LAKESHORE

Periodontics • Endodontics • Oral Surgery

DENTAL IMPLANT SPECIALISTS

○ PERIODONTISTS

Patrick L. Sweeney, DDS, MS
Whitney D. Weiner, DDS, MS*

**Diplomate American
Board of Periodontology*

○ ORAL SURGEON

Adam Fisher, DMD

○ ENDODONTIST

Kari L. Brodski, DDS, MD*

**Diplomate American
Board of Endodontics*

Introducing: _____ **Date:** _____

Tooth Number

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
RIGHT — DECIDUOUS TEETH								DECIDUOUS TEETH — LEFT							
A B C D E								F G H I J							
T S R O P								O N M L K							
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

PERIODONTICS ORAL SURGERY ENDODONTICS

- | | | |
|---|---|---|
| <input type="checkbox"/> Implant | <input type="checkbox"/> Extraction (Mark Teeth) | <input type="checkbox"/> Root Canal Therapy |
| <input type="checkbox"/> Periodontal Evaluation | <input type="checkbox"/> Socket Preservation | <input type="checkbox"/> Retreatment |
| <input type="checkbox"/> Gingival Recession | <input type="checkbox"/> Sinus Augmentation | <input type="checkbox"/> Periapical Surgery |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Ridge Augmentation | <input type="checkbox"/> Vital Pulp Therapy |
| <input type="checkbox"/> Preprosthetics | <input type="checkbox"/> Exposure of Impacted Teeth | <input type="checkbox"/> Apexification |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Orthognathic Surgery | <input type="checkbox"/> Post Space |
| <input type="checkbox"/> CBCT | <input type="checkbox"/> Obstructive Sleep Apnea | <input type="checkbox"/> Post Removal |

COMMENTS: _____

Referring Dentist:

Name: _____ Tel. _____

Address: _____ Fax: _____

City _____ State _____ Zip _____ Email _____

For this patient the Treatment/Consultation Report Letter should be Mailed E-mailed Both

Information for our Patients:

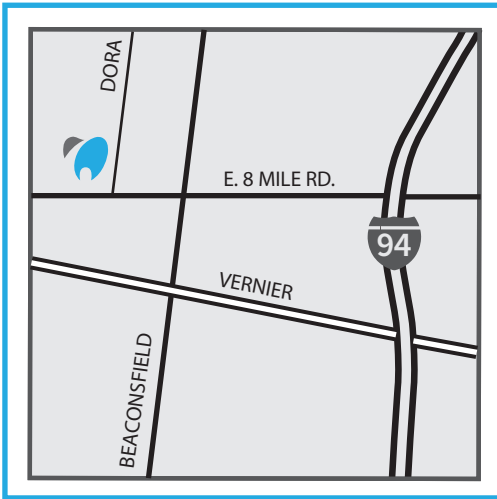
- IF GENERAL ANESTHESIA OR IV SEDATION IS DESIRED (ORAL SURGERY ONLY)**
 - You may not eat or drink anything including water for **SIX** hours prior to your appointment.
 - You must be accompanied to our office by a responsible adult who must remain in the office and drive you home
 - Wear loose clothing (short or loose sleeves preferable)
- IF YOU TAKE PRESCRIPTION MEDICATIONS:**
 - Take your oral medications as usual (with only sips of water if intravenous anesthesia is anticipated).
 - Bring your medications or a list of them to your appointment.
- MINORS MUST BE ACCOMPANIED BY A PARENT OR LEGAL GUARDIAN.**
- IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT, PLEASE NOTIFY THE OFFICE AS SOON AS POSSIBLE.**
- THE TREATMENT FEE IS DUE AT THE TIME OF TREATMENT.**

(586) 777-0260

dentalimplantsdetroit.com

18501 E. Eight Mile Road, Eastpointe, Michigan 48021

HOW TO GET TO OUR DENTAL SPECIALISTS:



18501 E. Eight Mile Road
Eastpointe, MI 48021
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(586) 777-0260

PATIENT INFORMATION: IMPORTANT! PLEASE READ CAREFULLY.

Please contact the office for instructions on how to complete your registration prior to your appointment.

OFFICE HOURS BY APPOINTMENT ONLY

- If you are unable to keep your appointment for any reason, please notify the office as soon as possible. This time has been reserved exclusively for your treatment.
- If you have a history of any of the following medical conditions, please inform the receptionist at the time you call for appointment:
Uncontrolled Diabetes, Uncontrolled Blood Pressure, Graves Disease, recent Stroke or Heart Attack, Heart Murmur or Prosthetic Heart Valve.

PAYMENT

Payment is due at the time of treatment unless other arrangements have been made. We accept cash, checks, and all major credit cards. For your benefit, please bring your completed insurance forms with you at the time of your appointment.

CARE CREDIT

We offer CareCredit as a payment option so you can receive the treatment you need immediately and then pay for it over time with low monthly payments that fit easily into your monthly budget. Visit their website for details:
www.carecredit.com

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