



Periodontist:  
**HARRY A. HARALAMPOPOULOS, D.D.S., M.S.**

Endodontists:  
**GENE Z. WALCHIRK, D.D.S.**  
**MARY R. ROMAN, D.D.S, M.S.**

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**www.HAHdental.com**

Patient Name: \_\_\_\_\_ Patient Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**PERIODONTAL TREATMENT**

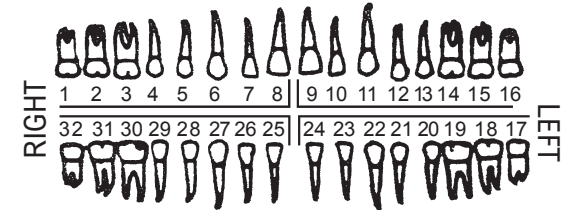
- Periodontal Consultation
- Scaling/Root Planning/Curettage
- Conventional Surgery
- Laser Assisted Dual Wavelength Surgery
- Soft Tissue Grafting/ Mucogingival Surgery
- Crown Lengthening
- Esthetic Periodontics
- Biopsy

**DENTAL IMPLANTS**

- Implant Consultation/Planning/Treatment
- Extraction / Bone Graft (Socket Preservation)
- Sinus Graft (Vertical or Lateral)
- Use Patient's Growth Factors (L-PRF) (if applicable)
- Peri-Implant Mucositis/Peri-Implantitis
- **How would you like to restore implant(s)?**
  - Crown(s) / Bridge(s)
  - Removable Overdenture(s)
  - Fixed Hybrid Denture(s)

**ENDODONTIC TREATMENT**

- Prepare Post Space
- Retreatment



Mark Teeth and Areas for Evaluation

**3D RADIOGRAPHIC SCAN (CBCT)**

Comments and Restorative Treatment Plan Objectives: \_\_\_\_\_

PLEASE CALL Referral Dr. \_\_\_\_\_ Dr. Phone: \_\_\_\_\_