



JEFFREY D. ROGERS

DDS, LLC

Periodontics and Implant Dentistry

Patient _____ Date _____

Contact Phone _____

Referring Doctor _____ DOB _____

Patient to contact me directly for appt? _____ or I will call them? _____

Examination:

- Comprehensive
- Site Specific (see below)

Treatment

- Soft Tissue Graft # _____
- Root Coverage # _____
- Bone Graft / GTR # _____
- Extraction # _____
- Dental Implant # _____
- Sinus augmentation _____ (UL) _____ (UR)
- Gingivectomy # _____
- Frenectomy
- Other _____

RP/C History _____

Additional Information _____

Contact: Carole @ 907.388.9270
(call or text)
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