



JEFFREY D. ROGERS

DDS, LLC
Periodontics and Implant Dentistry

Patient _____ Date _____

Phone #'s _____ E-mail _____

Referring Doctor _____ DOB _____

Examination:

- Comprehensive
- Site Specific (see below)

Treatment

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

2016 Schedule	
January 4-8	
January 18-22	
February 1-3	
February 15-19	
March 8-11	
March 21-24	
April 4-8	
April 19-22	
May 2-6	
May 16-20	
June 6-10	
June 20-24	

RP/C History _____

Additional Information _____

Contact: Carole @ 907.388.9270
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