



# 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 11-15  
 January 25-29  
 February 9-12  
 February 22-25  
 March 14-17  
 March 29-April 1  
 April 11-13  
 April 25-28  
 May 9-12  
 May 23-26  
 June 13-16  
 June 27-29

RP/C History \_\_\_\_\_

Additional Information \_\_\_\_\_

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