



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 _____

RP/C History _____

Additional Information _____

2017 Schedule

January 3-6
 January 16-20
 February 6-10
 February 20-24
 March 7-10
 March 20-24
 April 5-7
 April 17-21
 May 1-5
 May 15-19
 June 5-9
 June 19-23
 July 5-7
 July 17-21
 July 31-August 4
 August 14-18
 September 5-8
 September 18-22
 October 2-6
 October 16-20
 October 30-Nov 3
 November 13-17
 December 4-8
 December 18-22

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