



# Periodontal Associates, P.A.

*Architects of Health*

Practice Limited to Periodontics and Implants

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*Members American Academy of Periodontology*

**Stephen G. Morse, D.M.D.**

*Diplomate, American Board of Periodontology*

*Member Academy of Osseous Integration*

**Michael T. Cwiklinski, D.M.D.**

*Diplomate, American Board of Periodontology*

*Date:*

*To:*

*Company:*

*Fax Number:*

*# Pages including cover:*

*From: Periodontal Associates*

*Dr. Stephen G. Morse*

*Dr. Michael T. Cwiklinski*

*Phone: 207.772.7459*

*800.540.7459*

*Fax: 207.874.6460*

*Please contact Periodontal Associates if you have received this facsimile in error*

Patient Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Dear Doctor

Our mutual patient is scheduled to have dental \_\_\_\_\_ surgery  
on \_\_\_\_\_. We note in the health questionnaire that you have prescribed the following  
medication(s) \_\_\_\_\_

May this patient discontinue the above mentioned medication(s) seven (7) days prior to dental surgery?

Response:

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE FAX TO 207.874.6460