

Patient's name _____ Date referred _____

Patient is being referred for:

- Complete periodontal evaluation.
- Limited periodontal evaluation. Reason for limited evaluation:
 - Only area of involvement is: _____
 - Patient is not interested in complete treatment at this time.
 - Other _____
- Gingival recession (circle tooth number(s) below).
- Crown lengthening for tooth # _____
- Implant evaluation for areas: _____

Areas of special concern: R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 L
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

How long has the patient been in your practice? _____

When did you last see the patient for a dental examination? _____

What treatment has the patient had in your office to date?:

- Full mouth radiographs. Date: _____
- Plaque control instruction.
- Prophylaxis and scaling. Date: _____
- Root planing. Date: _____ UR _____ LR _____ UL _____ LL _____
- Supportive periodontal treatment (maintenance):
 - Every _____ months for _____ years.
 - Date of last visit: _____ Date of next visit: _____
- Equilibration/TMJ therapy.
- Extensive restorative therapy.
- Other _____

Have you advised the patient of the possibility of extraction of any teeth?

- Yes No If so, which teeth? _____

Do you have any restorative plans for treating this case at this time?

- Yes No If so, briefly outline your plans.

Remarks:

Thank you. Referring Dr. _____

The Practice SF would like to welcome you as a patient.

Your dentist has already advised you that you may have periodontal gum disease. Your initial visit to our office will consist of the following: a thorough medical and dental health history, a complete mouth examination, and x-rays, if necessary. After a diagnosis is made, we will discuss the treatment plan, and present an estimate of the fee and time involved in treatment. Please ask any questions you have regarding your problem and the proposed treatment. If you wish, you may bring a family member or a friend along to listen to the consultation.

We look forward to meeting you.

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