

SIERRA PERIODONTAL GROUP

Practice Limited to Periodontics and Dental Implantology

Kenneth B. Frostad, DDS, MS Elaheh Samsani, DDS

John F. Lewis, MS, DMD

Today's Date _____

Introducing: _____

Phone #: _____

Please phone patient Patient to call

Referred by: _____

Appointment Date: _____ Time: _____

Patient Referred For:

Full mouth evaluation and treatment

Evaluation and treatment limited to: _____

Treatment of other areas, if indicated

Gingival recession: _____

Crown lengthening: _____

Implants: _____

Other: _____

Are recent full mouth xrays available?

Yes Date: _____ No

Current Radiographs

Sent by mail Sent with patient Sent by e-mail

Would you prefer we take needed xrays?

Yes No

Has root planing been performed?

Yes Date: _____ No

Would you like the Doctor to phone you following the examination?

Yes No

Additional Comments:

Thank you for your referral.

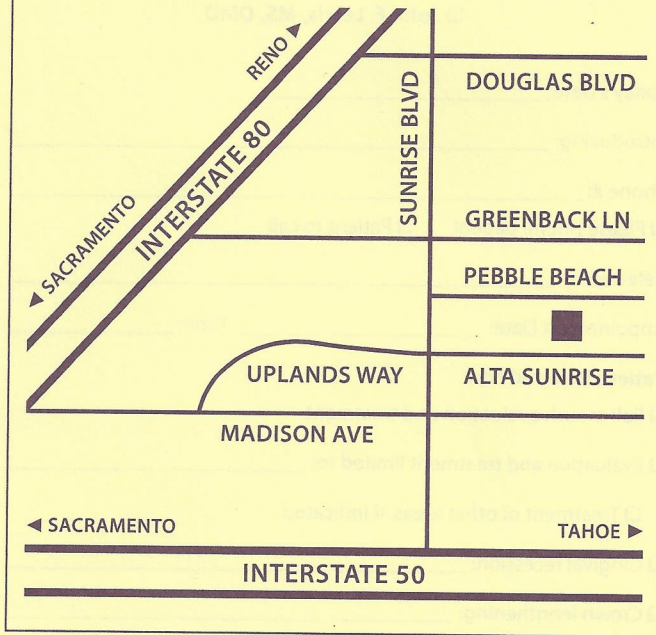
7916 Pebble Beach Drive, Suite 104
 Citrus Heights, California 95610
 (916) 962-0545 Fax (916) 962-0927

2203 Plaza Drive
 Rocklin, California 95765
 (916) 783-7222

www.sierraperiodontal.com
 frontoffice@sierraperiodontal.com

CITRUS HEIGHTS LOCATION

7916 Pebble Beach Drive, Suite 104, Citrus Heights



ROCKLIN LOCATION

2203 Plaza Drive, Rocklin

