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Periodontics and Dental Implants

6342 Fallbrook Avenue, Suite 101

Woodland Hills, California 91367

(818) 887-7772

Patient _____ Date _____

Phone # () _____

- Patient advised of the presence of gum disease and the consequences of no treatment including mobility, bone loss, abscesses, and loss of teeth.

REQUIRES PREMEDICATION: Yes No

REFERRED FOR:

- | | |
|---|--|
| <input type="checkbox"/> Periodontal evaluation | <input type="checkbox"/> Isolated procedure |
| <input type="checkbox"/> Implant consultation | <input type="checkbox"/> Ridge augmentation |
| <input type="checkbox"/> Gingival grafting | <input type="checkbox"/> Other - explain below |
| <input type="checkbox"/> Periodontal Reevaluation | |

X-RAYS

- | | |
|---|---|
| <input type="checkbox"/> Please take | <input type="checkbox"/> is completed |
| <input type="checkbox"/> Full mouth being sent | <input type="checkbox"/> is established |
| <input type="checkbox"/> Prior X-rays available | <input type="checkbox"/> is pending outcome of periodontal exam |
| <input type="checkbox"/> Duplicate and return originals | |

RESTORATIVE TREATMENT

REFERRED BY

DR _____ Phone () _____

- Patient is scheduled in your office on _____
- Patient will call to schedule an appointment

COMMENTS: _____
