GARO SIRINIAN JR, DDS, MS

A Professional Corporation

Dental Implants | Periodontics

Patient Name _____

Phone H _____ C _____

Referring Doctor _____

Referring Doctor Phone _____

☐ Patient will call

☐ Please call patient

My appointment

Date _____

Time _____

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Recent Full Mouth Radiographs

☐ Emailed ☐ CBCT Taken

☐ Patient does not have current series

REFERRED FOR:

- ☐ Implant Consult
- ☐ Full Mouth Periodontal Evaluation
- ☐ Recession / No Attached Tissue
- ☐ Extraction (with site preservation)
- ☐ Crown Lengthening for Restoration
- ☐ Esthetic Crown Lengthening Evaluation
- ☐ Expose / Bond of Unerupted Tooth (ortho)
- ☐ Lesion Evaluation / Biopsy
- ☐ Full Arch Rehabilitation
- ☐ Ridge Augmentation / Block Graft
- ☐ Sinus Lift Consult
- ☐ Gingivectomy
- ☐ Frenectomy
- ☐ Pre-Orthodontic Periodontal Evaluation
- ☐ Tori Removal / Pre-Prosthetic Surgery
- ☐ IV Sedation / Oral Sedation

Comments

_____ Doctor's Signature

_____ Date

116 W. Plaza St., Suite A, Solana Beach, CA 92075

p: **858-755-5168** f: **858-755-2265** e: **info@gsperio.com** w: **www.gsperio.com**

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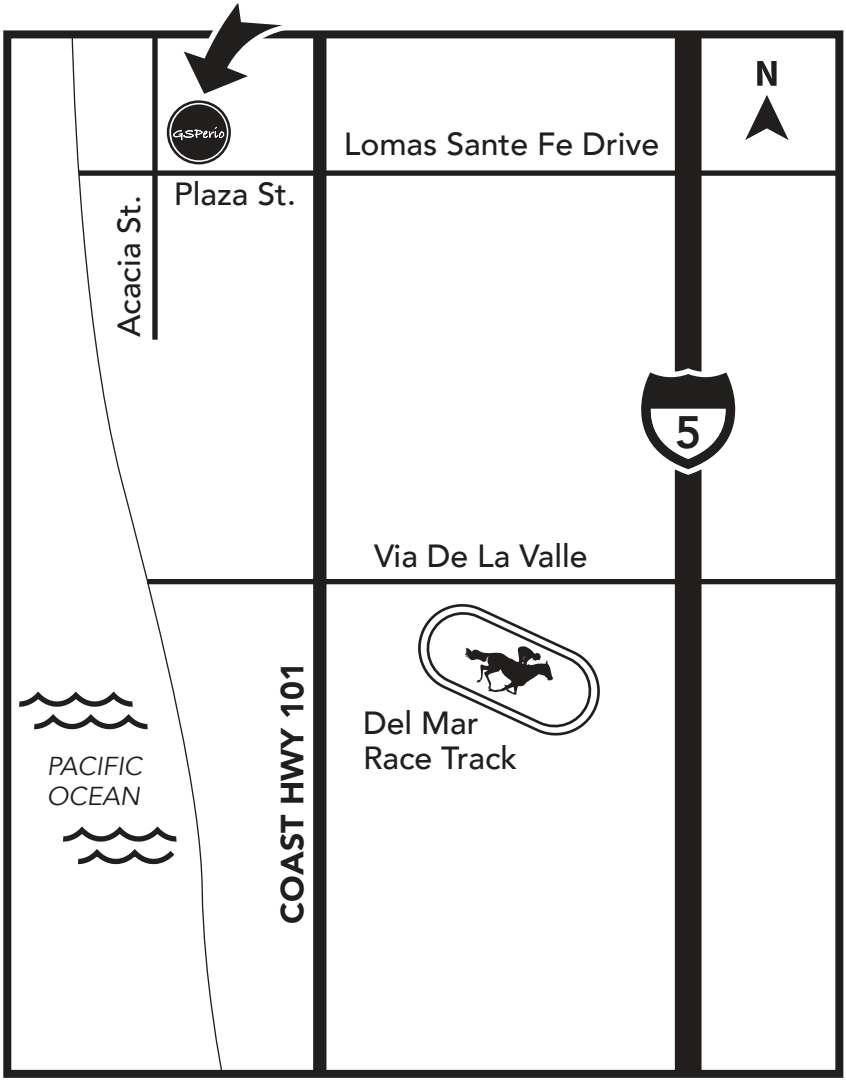

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