

Mark A. Dougherty, DDS, Inc.

PERIODONTICS

17300 Yorba Linda Blvd., Suite H • Yorba Linda, CA 92886
(714) 993-1194 or Fax (714) 524-0397

Map on reverse side

Patient's Name: _____ Date: _____

Daytime Phone: _____ Evening Phone: _____

Appointment Date: _____ Time: _____

Referring Doctor: _____

My patient requires:

- Complete periodontal examination with treatment recommendations
- Limited periodontal examination (circle area/teeth)

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

Problem:

- pockets
- bone loss
- bleeding
- crown lengthening _____
- recession _____
- inadequate attached gingiva _____
- other: _____

Radiographs:

- Will be sent
- Carried by patient
- Take at time of examination

If you have been advised by your physician or dentist that you need antibiotic pre-medication prior to dental appointments, please follow their instructions prior to your examination appointment with us. If you have any questions, please call our office.

The patient is: New to my practice Number of years in my practice: _____
Attendance has been: regular irregular

Patient has had Scaling and Root Planing: Yes No Date: _____

I plan on the following restorative/prosthetic dentistry:

Communication:

- Call me before consultation
- Call me after consultation
- Written report only

Please send additional referral forms

White: Patient Copy

Post Card: Mailing Copy