



BAINBRIDGE

IMPLANT & PERIODONTAL CENTER

Laura Cardenas, D.D.S.
206.780.4111

Introducing: _____

Date: _____ Work Phone: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Referred by Doctor: _____

Is premedication needed? YES NO

Date of last SRP: _____

*Doctor's Office
Please Send
With Referral*

Evaluation for:

- Comprehensive Periodontal Exam
- Limited Periodontal Exam: # _____
- Clinical Crown Lengthening: # _____
- Implant: # _____
- Recession / Mucogingival Defect: # _____
- Other: _____

Radiographs:

Enclosed:

FMX PAN

PA BW

Needed:

FMX CT

PA BW

Circle Area Of Concern

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

Comments: _____

Signed: _____

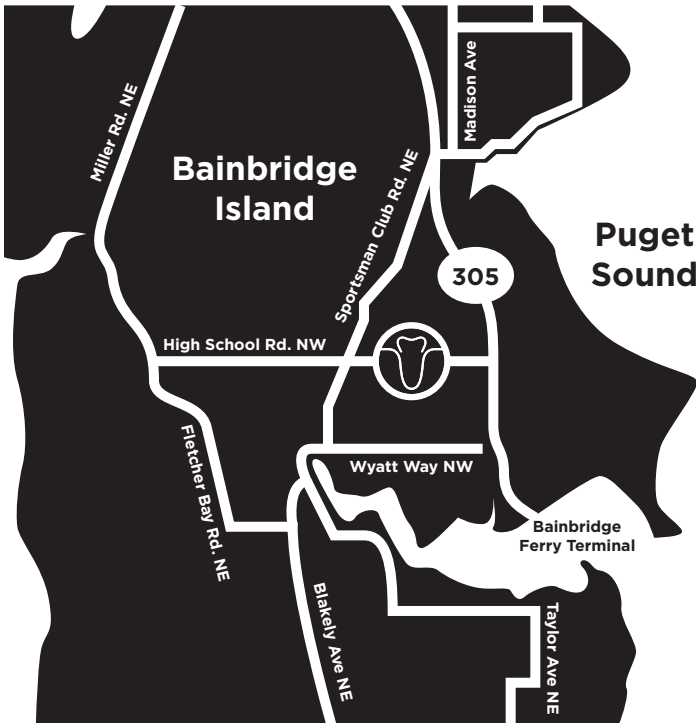
Phone: 206.780.4111 | Fax: 206.842.4348
525 High School Road NW | Bainbridge Island, WA 98110
www.bainbridgeperio.com

White Original: Send to Bainbridge Implant and Periodontal Center
Blue Copy: Referring Doctor Manilla Copy: Patient

Patient Information:

- 1. Please call 206.780.4111 to schedule your first examination visit.** If you have recent x-rays, please bring with you or have your dentist mail them to us prior to your examination appointment. It may be necessary to take additional x-rays for proper evaluation and diagnosis.
- 2. We will be glad to assist you with your financial arrangements and insurance if available.** Please bring your dental insurance information such as the subscribers social security number, birthdate and address. It is also helpful if you are able to bring your insurance card.
- 3. Please do not bring small children to your appointment.**
- 4. If you are unable to keep your appointment, please call and notify us at least 24 hours in advance so that we can reschedule the appointment time for another patient.** Failure to do so may result in cancellation fees.

Please note: We bill all dental insurance but “In-Network” for Delta Dental and Premera only.



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