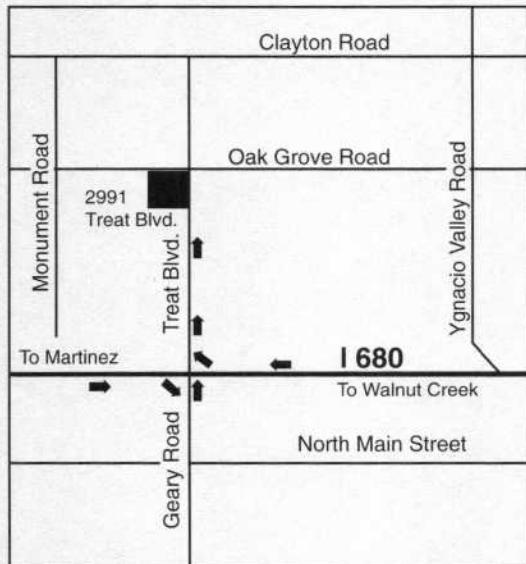


*A Periodontal Practice
Committed to Excellence*



Farrokh Bashiri, D.D.S., Inc.

Periodontics and Dental Implants
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Introducing: _____ Date: _____

Telephone: _____ (Please Include)

Referred By Dr. _____

Appointment Date: _____ Time: _____

Doctor's Recommendations

- Complete Periodontal Examination Limited Periodontal Examination _____
 Crown Lengthening Gingival Graft On _____
 Ridge Preservation _____ Implant Consultation _____
 Other _____

Has root planing been performed? Yes No Date: _____

Patient Status:

Radiographs Accompany Patient Mailed Please Take

Restorative Plans _____

If it becomes necessary to change this appointment, kindly give 72 hour notice.
Pink - Patient Yellow - Referring Dentist Copy White - Periodontist Copy