

Harley J. Williams, D.M.D.

, PERIODONTICS

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(925) 371-0300

Introducing: _____ Date: _____

Telephone Home: _____ Work: _____

Complete periodontal evaluation and treatment

Periodontal • occlusal evaluation and treatment

Special consultation. Reason(s):

Osseointegrated implants

Guided tissue regeneration • bone grafting

Crown lengthening

Esthetic periodontics • ridge augmentation

Recession • limited area(s)

EMERGENCY periodontal care

Areas of special concerns:

Comments • proposed restorative treatment plan:

Periodontal therapy to date in your office:

prophylaxis root planing curettage

Dates of service:

How long has patient been in your care?

Please forward full mouth radiographs and charting

mailed given to patient no x-rays • charting

Referred by: _____

please call before • after periodontal appointment

REFERRING DOCTOR'S COPY