



Periodontal Associates

Specialists in Periodontology & Dental Implants

1171 Murrieta Blvd., Suite 200, Livermore, CA 94550

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Website: www.perioassoc.com **Email:** perioassoc@hotmail.com

Introducing: _____ Date: _____

Patient Phone #: _____

Referring Doctor: _____

REASON FOR REFERRAL: (select all that apply)

- Comprehensive/Full Mouth Periodontal Exam
- Limited Periodontal Exam, area(s): _____
- Scaling and Root Planing
- Crown Lengthening, area(s): _____
- Dental Implant/Extraction with Socket Preservation, area(s): _____
- All-on-4 evaluation, area(s): _____
- Frenectomy, area(s): _____
- Gingival Recontouring, area(s): _____
- Periodontal Surgery, area(s): _____
- Laser Assisted New Attachment Procedure (LANAP) or LAPIP, area(s): _____
- Recession, Soft Tissue Grafting (root coverage), area(s): _____
- Other(s): _____

RADIOGRAPHS:

- need to be taken
- patient will bring
- mailed
- emailed to perioassoc@hotmail.com

REFERRED TO:

- Shayna Rondon, DDS MS**

PERIODONTAL TREATMENT COMPLETED IN YOUR OFFICE:

- prophylaxis and/or gross debridement
- scaling and root planing, when: _____
- periodontal maintenance therapy

ADDITIONAL COMMENTS:

4 Ways To Return This Form:

1. **Email our office at:** perioassoc@hotmail.com
2. **Call our office:** (925) 449-6633
3. **Fax to:** (925) 449-0766
4. **Mail to:** Dr Shayna Rondon of Periodontal Associates-1171 Murietta Blvd., Suite 200 Livermore, CA 94550