Pinole Periodontics & Dental Implants

Greg Meyers, DDS, MSD

1420 Tara Hills Drive, Suite C Pinole CA 94564

(phone) 510-724-8441 (fax) 510-724-020

email Info@thegumguy.net

Referring Doctor: _____ **Date:** _____

Patient Name: _____ **Phone #**_____

Insurance name: _____ **Member ID:** _____

Chief concern/Reason for referral: _____

_____

_____

Comprehensive Periodontal Examination/Limited Exam (area): _____

Implant evaluation for area(s): _____

Horizontal / Vertical bone loss: _____

Tissue Recession/Gingival Grafts (Tooth/Teeth #'s) _____

Minimal/ No attached gingiva: Yes_____ No_____

Pinhole Surgical Technique/CT graft: Yes_____ No_____

Increase amount attached gingiva: Yes_____ No_____

Crown Lengthening- Tooth # _____

Other Patient History: DOB: _____

Date of last maintenance visit: _____

Maintenance Interval: _____

Has SRP been completed in the last 2 years: Yes No

If yes date completed: _____ **Area: UR LR UL LL**

Please send FMX or all current X-RAYS.

Additional Information or Special Instructions: _____

_____