# Chula Vista Periodontics

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Patient's Name:_____

Date: _____/_____/_____

Appt Time/Date: _____

Pt's Phone #: _____

| 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 |

## PERIODONTAL EVALUATION

- ☐ Crown Lengthening
- ☐ Extraction/Implant
- ☐ Recession
- ☐ Generalized
- ☐ Emergency Tx
- ☐ Bone Graft
- ☐ Localized (Circle tooth/quad)
- ☐ Nightlase Snoring Tx/ Sleep
- ☐ Other_____

## OMS EVALUATION

- ☐ Oral Biopsy
- ☐ Extractions/Alveoplasty/Tori Removal
- ☐ 3rd Molar Extractions
- ☐ Full Mouth Extraction
- ☐ Implant/All on X

Referred by: _____ Remarks: _____

**Susan T. Nguyen, DDS, MSD**
**Joyce Turner, DDS, MS**
Diplomate of American Board of Periodontology Specialist in Periodontics, Implants, & Laser

**Christensen Sicat Hsu, DDS, MSS**
Oral & Maxillofacial Surgeon

- ☐ Please send additional referral forms
- ☐ Please send Exam Summary Letter
- ☐ Please call after seeing patient

Thank You!