



PATIENT REFERRAL

Introducing _____ Date _____

Phone (Home/Cell) _____ (Work) _____

Referring Dr. _____ Dr. Phone _____

Appointment Date and Time _____

Chief Concern _____

PERIODONTAL THERAPY

- Comprehensive Periodontal Exam
- Isolated Periodontal Exam
- Gingival Recession/Grafts
- Esthetic/Functional Crown-Lengthening
- Soft Tissue Biopsy/Oral Pathology
- Other (please specify below)

DENTAL IMPLANT THERAPY

- Implant Placement
 - Extraction/Immediate Implant
 - Ridge Augmentation/Sinus Lift
 - All-on-4/Implant Overdenture
- Implant System Preference: (circle)
 Astra Neoss Straumann None

Involved Teeth # _____

Patient Requests IV Sedation: Yes No

Recent Radiographs: Emailed Enclosed Sent with Patient

Comments or Special Instructions: _____

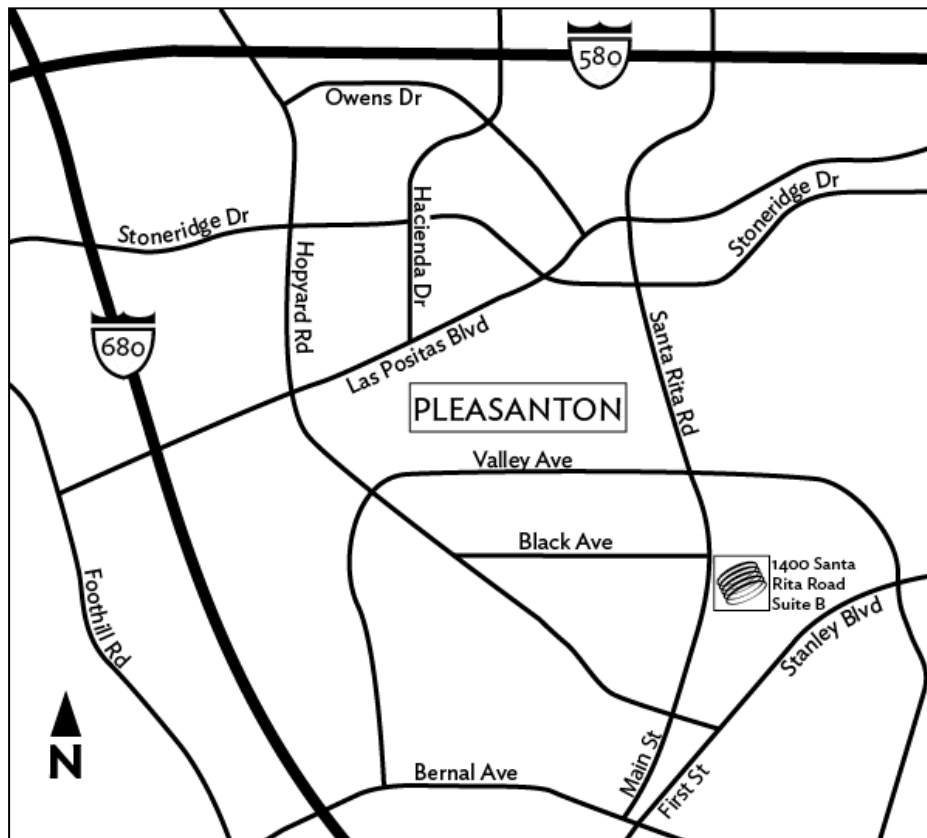
Referring office, please forward copy of referral form and recent radiographs to:

Fax: (925) 401-7013 or Email: info@pleasantonperioimplants.com

Please retain original copy for your records.

Office map and new patient information on reverse side.

Thank you for your referral!



Location

We are conveniently located just north of Downtown Pleasanton in the Alisal Medical Building at the Southeast corner of Santa Rita Road and Black Avenue next to the Alisal Elementary School.

New Patient Information

Please contact our office at (925) 398-8903 to schedule your new patient consultation. Please inform us if it is a dental emergency and we will do our best to schedule you for a same day appointment. For your convenience, new patient forms can be found at our website, www.pleasantonperioimplants.com, and filled out prior to your appointment. Please be sure to bring with you to your appointment this referral form and any x-rays provided by your dentist.

Insurance Information

If you have dental insurance, we will be happy to submit any claims for treatment provided at our office. **Please be sure to bring a copy of your insurance card** for our records. For any treatment we diagnose, a pre-authorization can be submitted at your request. Please note that pre-authorizations can take up to 30 days to process.

If you have any questions, please do not hesitate to contact us at (925) 398-8903 or visit our website: www.pleasantonperioimplants.com. We look forward to meeting you!