



# Peter A. Russo, DDS

## Fernando Verdugo, DDS

Periodontics and Implant Surgery

18800 Main Street, Suite 201 • Huntington Beach, California 92648 • (714) 842-2515

Doctor \_\_\_\_\_

Introducing: \_\_\_\_\_ Date: \_\_\_\_\_

**My patient requires:**

- |                                                                         |                                                                                   |
|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> A complete periodontal examination to include: | <input type="checkbox"/> A limited periodontal examination<br>(circle area/teeth) |
| <input type="checkbox"/> Implant consultation                           | <input type="checkbox"/> Crown lengthening                                        |
| <input type="checkbox"/> Ridge augmentation                             | <input type="checkbox"/> Soft-tissue graft                                        |
| <input type="checkbox"/> Periodontitis                                  |                                                                                   |

|       |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |      |
|-------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|------|
| RIGHT | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | LEFT |
|       | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 |      |

**Symptoms:**

- |                                                    |                                                      |                                    |
|----------------------------------------------------|------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> pockets                   | <input type="checkbox"/> mobility                    | <input type="checkbox"/> bone loss |
| <input type="checkbox"/> recession                 | <input type="checkbox"/> inadequate attached gingiva | <input type="checkbox"/> bleeding  |
| <input type="checkbox"/> Acute periodontal abscess | <input type="checkbox"/> other _____                 |                                    |

Please contact our office if you have a history of endocarditis, prosthetic heart valve or other device, or prosthetic joint replacement. We may need to contact your physician to determine if antibiotic premedication is necessary before your appointment.

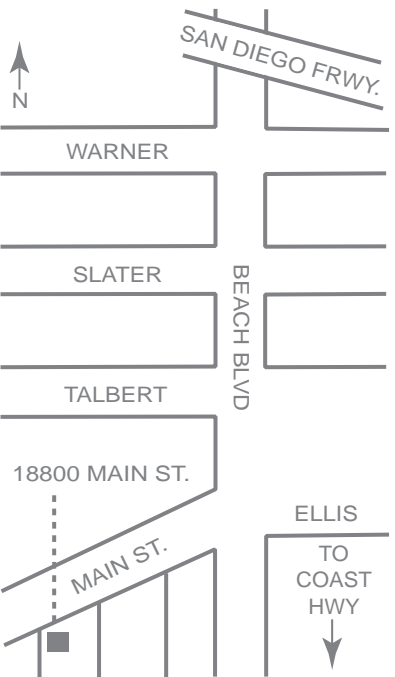
Map on other side

Dear Patient:

Your doctor has recommended that you have a periodontal evaluation. The purpose of the evaluation is to determine the health of your teeth, gum tissue, and supporting jaw bone.

With proper care you may be able to keep your natural teeth for your lifetime. Lack of proper care may cause unnecessary loss of your natural teeth permanently.

Your doctor's concern for long term dental health will benefit you in the years to come.





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Map on other side

**The patient is:**

- New to my practice
- No. \_\_\_\_\_ years in my practice Attendance has been:  regular  irregular
- Scaling/root planing  has  has not been completed  is scheduled  will be scheduled
- I plan on the following restorative/prosthetic dentistry  has  has not been discussed with patient

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Please call:  Before patient consultation  After consultation

Please mail or email full mouth xrays

Patients concerns & motivations:  Function  Eating  Social  Quality Care  Esthetics  
 Fear  Cost  Time

Comments / Significant Medical History:

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Please send additional referral forms.

PATIENT: White, FILE: Yellow, MAIL: Manila