

**A Periodontal Practice
Committed to Excellence**



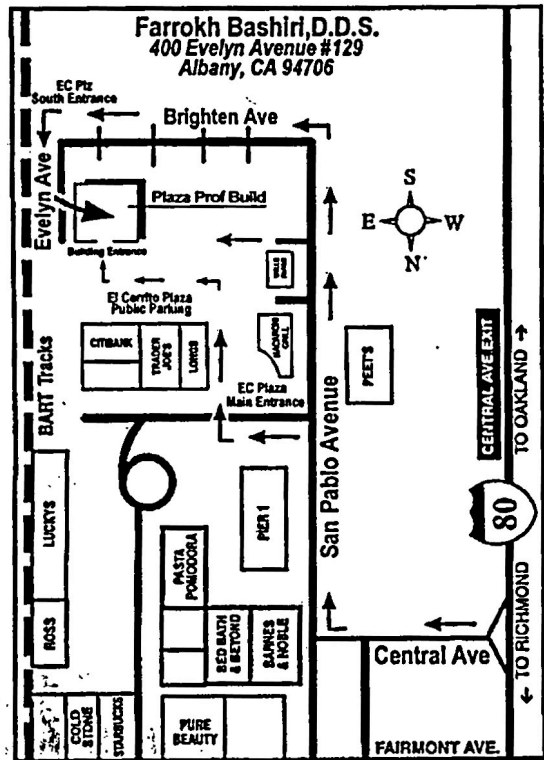
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Introducing: _____ Date: _____
Telephone: _____ (Please Include)

Referred By Dr. _____
Appointment Date: _____ Time: _____

Doctor's Recommendations

- Complete Periodontal Examination
- Crown Lengthening
- Ridge Preservation
- Other _____
- Limited Periodontal Examination _____
- Gingival Graft On _____
- Implant Consultation _____

Has root planing been performed? Yes No Date: _____

Patient Status:
Radiographs Accompany Patient Mailed Please Take emailed

Restorative Plans _____

If it becomes necessary to change this appointment, kindly give 72 hour notice.
Pink - Patient Yellow - Referring Dentist Copy White - Periodontist Copy