



ALIREZA KHANSARI DDS, MSD
 DIPLOMATE OF THE AMERICAN BOARD OF PERIODONTOLOGY

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PHONE: (858) 679-0142

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Patient's Name:

Patient Phone:

Referring Dr.:

Periodontal Evaluation

Consultation and Treatment Requested For:

- Isolated/Resistant pocket(s)
- Gingival recession
- Crown lengthening
- Mobility
- Implant supported Crown
- Evaluation for possible Fracture
- Prior Restoration
- Area in question UR|UL LR|LL
- Other

PLEASE INDICATE TEETH TO BE TREATED

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

Please bring a current copy of your X-rays.

Comments:

Signed: X..... Phone#.....

PLEASE FAX THIS COPY TO OUR OFFICE.

Note: Map to Our Office & Pre-Operative Instructions on Back

WHITE - PATIENT'S COPY YELLOW - DOCTOR'S COPY