

Hooshang Kashani, D.M.D., M.S.,M.S.

Periodontist

Embarcadero Dentistry

Two Embarcadero Center, Promenade Level
San Francisco, CA 94111

Tel. (415) 398-4400

Fax (415) 398-1748

Patient _____

Date _____

Referred By _____

Reason for Referral:

- Complete periodontal evaluation & treatment
- Special consultation. Reason(s):
 - Limited area(s):
 - Esthetic periodontics
 - Ridge augmentation
 - Recession Treatment
 - Implant(s) treatment planning
 - Bone grafting/tissue guided regeneration
 - Crown Lengthening
 - Non-Surgical periodontal treatment/or other:
- Emergency periodontal care

Areas of special concern: _____

List teeth that patient has been advised for possible extraction:

Comments/proposed restorative treatment plan:

Periodontal therapy to date by you or your staff: Please circle one:

- | | | |
|----------------------------------|---------------------------------------|---|
| <input type="checkbox"/> OHI | <input type="checkbox"/> Root Planing | <input type="checkbox"/> Local Chemotherapy |
| <input type="checkbox"/> Scaling | <input type="checkbox"/> Curettage | <input type="checkbox"/> Systemic Chemo Therapy |