



GOLDEN STATE
DENTAL

Diplomate of the American Board
of Periodontology

- Sarmad Paydar, D.D.S. M.S.**
- Dr. Kyu Jin Lee, D.D.S., M.S.D.**
- James Zaiger, D.D.S., M.S.**
- First Available

1631 Creekside Dr. Ste 103
 Folsom, CA 95630
 Tel: (916) 984-8404
 Fax: (916) 984-9308
 Records@folsomperio.com

2550 Douglas Blvd, Ste 100
 Roseville, CA 95661
 Tel: (916) 786-7070
 Fax: (916) 786-5696
 gs.perio.office@gsdentalco.com

Introducing: _____ Date _____

From Dr. _____ Patient Phone # _____

PERIODONTAL CONCERN

- | | |
|--|--|
| <input type="checkbox"/> Complete Periodontal Examination..... | <input type="checkbox"/> Implant(s)..... |
| <input type="checkbox"/> Limited Periodontal Evaluation..... | <input type="checkbox"/> Extraction(s)..... |
| <input type="checkbox"/> Crown Lengthening(s)..... | <input type="checkbox"/> Bone Graft..... |
| <input type="checkbox"/> Recession(s)..... | <input type="checkbox"/> Peri-implantitis..... |
| <input type="checkbox"/> Frenectomy..... | <input type="checkbox"/> Biopsy..... |
| <input type="checkbox"/> Other..... | |

RADIOGRAPHS/CT SCAN

- Emailed
- Please Take Radiographs/Scan

••••Special Instructions or Comments••••

HYGIENE/PERIODONTAL MAINTENANCE

- Periodontist
- Alternating
- Referring Dentist



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