



GOLDEN STATE  
DENTAL

Diplomate of the American Board  
of Periodontology

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- Sacramento** 3960 El Camino Ave., Suite 1  
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frontoffice@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.....                            |   |

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

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**HYGIENE/PERIODONTAL MAINTENANCE**

- Periodontist    Alternating    Referring Dentist
- www.GoldenStateDentalCo.com      2.4.H



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