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periodontics & dental implants

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Introducing _____ Patient Phone _____

Referred by Dr. _____ Today's Date _____

Appointment Date _____ Appointment Time _____

Services Requested:

- Complete periodontal evaluation and treatment
- Limited periodontal evaluation
- Gingival recession or lack of attached gingiva
- Emergency treatment
- Dental Implants
- Other _____

Please indicate specific areas for evaluation

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

Additional Information:

Planned restorative treatment _____

Scaling and root planing history Dates: _____

Full mouth radiograph history Dates: _____

- Accompanying patient
- Mailed or emailed to your office

How long has the patient been in your practice? _____

When did you last see the patient for a dental examination? _____

Have you advised the patient of the possibility of extraction of any teeth
 ___ Yes ___ No If so, which teeth? _____

Comments: _____

Please check here for additional referral slips