Rudolph S. Gamarnik, D.D.S., M.S.D.

Practice Limited to Periodontics
and Implant Dentistry

6968 Warner Ave.
Huntington Beach, CA 92647
(714) 842-5626 Fax: (714) 842-6198
Email: info@huntingtonbeachperio.com

Patient's Name _____ Date Referred _____

Patient's Phone _____ Work # _____

Cell Phone _____

Patient is being referred for:

[ ] Complete evaluation & necessary treatment
[ ] Specific area _____
[ ] Implants _____
[ ] Crown lengthening _____
[ ] Other _____
[ ] Periodontal abscess _____
[ ] Soft tissue graft _____
[ ] Root coverage _____
[ ] Pinhole surgery _____
[ ] PREMED REQUIRED

Comments / Area of Special Concern:

_____

_____

_____

Recent radiographs: [ ] FMX [ ] CT SCAN [ ] Emailed / Mailed / Date: _____
[ ] BWX [ ] Accompany patient
[ ] PANO [ ] Patient does not have a current series.

Treatment Date:

[ ] Prophylaxis & gross scaling Date of service _____
[ ] Root planning Date of service _____
[ ] Periodontal maintenance every _____ months for _____ years
[ ] Other: _____

Have you advised the patient of the possiblility of extracting any teeth?

[ ] Yes [ ] No If yes, which teeth? _____

Do you have any restorative plans for this patient at this time?

[ ] Yes [ ] No If yes, briefly outline your plans:

Referring Doctor: _____