

*Mercedes A. Heitman, D.D.S., Inc.*

PRACTICE LIMITED TO PERIODONTICS & DENTAL IMPLANTS

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**Introducing** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

\_\_\_\_ Please provide comprehensive periodontal evaluation and treatment as indicated \_\_\_\_\_

\_\_\_\_ Please provide periodontal evaluation limited to: \_\_\_\_\_

\_\_\_\_ Please evaluate adequacy of attached gingiva teeth #: \_\_\_\_\_

\_\_\_\_ Crown lengthening procedure tooth #: \_\_\_\_\_

\_\_\_\_ Please see on Emergency Priority for treatment of teeth #: \_\_\_\_\_

\_\_\_\_ Oral Medicine Consultation/Biopsy/Treatment. \_\_\_\_\_

\_\_\_\_ Please evaluate for implant therapy: \_\_\_\_\_

\_\_\_\_ Please evaluate with perioscope: \_\_\_\_\_

RESTORATIVE TREATMENT PLANNED / IN PROGRESS

Patient Has Received:

\_\_\_\_ Explanation of the problem

\_\_\_\_ Prophylaxis

\_\_\_\_ Definitive root planning Date of Service \_\_\_\_\_

\_\_\_\_ Previous Periodontal Surgery

\_\_\_\_ Oral Hygiene Instruction in a multiple appointment plaque control program.

\_\_\_\_ Have you advised patient of the possibility of extractions?

Recent Full Mouth Radiographs Are / Are Not available \_\_\_\_\_ Dated

Recent BWX Radiographs Are / Are Not available \_\_\_\_\_ Dated

Comments: \_\_\_\_\_

REFERRING DOCTOR \_\_\_\_\_ DATE: \_\_\_\_\_

WHITE: For referring D.D.S. • YELLOW: Patient's Copy • PINK: Office Copy

# Welcome To Our Office

Your dentist has referred you to our office to treat a gum problem. During your initial examination we will obtain a medical and dental history, and will perform a complete oral examination. If necessary we will take some x-rays in order to complete the diagnosis. An explanation of your condition, suggested treatment and a fee estimate will be discussed.

We look forward to seeing you in our office. Please bring this referral slip with you.

Thank you,

*Dr. Mercedes Heitman and Staff*

