



**Mahdad Nassiri, D.D.S.**  
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### PATIENT INFORMATION

Last Name	First Name	DOB
Referral Date	Home Phone	Cell Phone
<input type="checkbox"/> Patient will call for appointment <input type="checkbox"/> Please call the patient		Does the patient require antibiotics prior to treatments? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pertinent Medical History/Alerts:		

### REFERRING DOCTOR INFORMATION

Referring Doctor	Phone	Email
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Please send report via ☐ Mail ☐ Email ☐ Fax

### REASON FOR REFERRAL

<input type="checkbox"/> General Periodontal Condition (Comprehensive Exam)	<input type="checkbox"/> Localized Periodontal Condition (Localized Exam) #	<input type="checkbox"/> Esthetic or Functional Crown Lengthening #
<input type="checkbox"/> Dental Implant Therapy #	<input type="checkbox"/> Preferred Implant system	<input type="checkbox"/> LANAP/LAPIP #

☐ Gingival Recession      ☒ Generalized      ☒ Localized #

☐ Other

### PERIODONTAL TREATMENT COMPLETED IN YOUR OFFICE

<input type="checkbox"/> Prophylaxis & Gross Scaling	<input type="checkbox"/> Root Planing	<input type="checkbox"/> Periodontal Maintenance Therapy
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### RADIOGRAPHS/ CLINICAL PHOTOS

<input type="checkbox"/> Mailed on _____	<input type="checkbox"/> Emailed on _____	<input type="checkbox"/> Sent with patient
<input type="checkbox"/> Please take		

### RESTORATIVE TREATMENT PLAN / SPECIAL INSTRUCTION

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# 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. Mahdad Nassiri and Staff

