



SAN DIEGO PERIODONTICS & IMPLANT DENTISTRY

KENNIE KWOK, DMD

Name _____ Date _____

Phone _____ Email _____

Referred By _____

Appointment Date: _____ Time: _____

The patient is being referred for evaluation of:

Comprehensive periodontal needs: _____

Periodontal needs limited to the area of: _____

Gingival recession / mucogingival surgery: _____

Implant related services: #(s): _____

Other: _____

To better serve your patient, please provide the following information:

Current full mouth radiographs (less than one year old)

email sent by mail sent with patient

Last periodontal recall visit was: _____

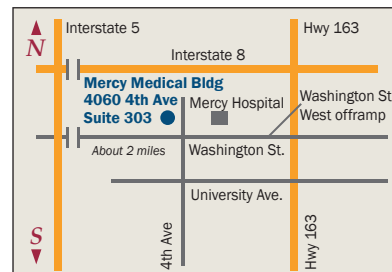
Last root planing treatment was: _____

Anticipated restorative / orthodontic plans include: _____

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