QUANG HUYNH DDS, MSDiplomate, American Board of Periodontology

Diplomate, American Board of Periodontology Practice Limited to Periodontics and Dental Implants

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MILPITAS, CALIFORNIA 95035
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EMAIL: milpitas@huynhperio.com

Patient Name:						Phone:						Email:						
☐ Patient will call	nt for a	t for an appointment						Date:										
Referring Doctor:						Office Phone:						_ Office Email:						
I AM REFERRING THIS PATIENT FOR: ☐ Comprehensive Periodontal Evaluation ☐ Limited Exam																		
PLEASE INDICATE TEETH OR AREAS OF INTEREST:																		
	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]	
PLEASE EVALUATE FOR: Implants Straumann Nobel Biocare Trios Digital Impressions? Yes No Lab: Shade: Shade: Shade: Shade: Crown Lengthening Bone Regeneration Other: Soft Tissue Grafting (Root Coverage)																		
PERIODONTAL THERAPY DONE AT YOUR OFFICE: Scaling and Root Planing Date Completed																		
					Giver	ven to patient					ailed							
SPECIAL INSTRUCTIONS:																		