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Introducing	Telephone
Referred by Dr	Date
Patient email	Mobile phone

Referring Patient For

Complete Periodontal Evaluation	Mucosal Tissue Corrections
Dental Implants	Laser Therapy, LANAP/LAPIP
Extraction and Socket Preservation	Sleep Apnea
Gingival Tissue Regeneration - Root Coverage	Crown Lengthening
Other Services - Pathology	Areas of special concern:

Recent Full Mouth Radiographs:

Accompany Mailed Emailed

How long has the patient been in your practice?

Last examination on _____ Patient's level of concern _____

What treatment has he/she had in your office to date?

Initial examination and full mouth radiographs. Prophylaxis and Gross Scaling Root Planning. _____
(Date)

Periodontal Maintenance Therapy every _____

Extensive Restorative Therapy _____

Tentative Restorative Plans _____

Appointment Date _____ Time _____