

**DAVID ANSON D.D.S.**  
PERIODONTAL AND IMPLANT RECONSTRUCTION

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Doctor \_\_\_\_\_

Introducing \_\_\_\_\_ Date: \_\_\_\_\_

Please call my patient to schedule an appointment. Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Consultation for: Periodontal Care

- Complete periodontal examination
- Limited periodontal examination
- Soft tissue grafting
- Crown lengthening (biologic width or esthetic)

Implant Care

- Implant Consultation
- Extraction with socket preservation grafting
- Extraction with possible immediate implant placement
- Traditional sinus lift/osteotome sinus lift/ridge augmentation

RIGHT

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

LEFT

(Please Circle Areas of Concern)

The patient is:

- New to my practice
- No \_\_\_\_\_ years in my practice      Attendance has been:  regular  irregular

Patient's primary concern: \_\_\_\_\_

\_\_\_\_\_

I plan on the following restorative/prosthetic dentistry: \_\_\_\_\_

\_\_\_\_\_

Recent Full Mouth X-rays are available  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

Please send additional referral forms.