

REFERRING DOCTOR →
PLEASE FAX BACK TO:

Ana J. Amaya, D.D.S., M.S.

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PLEASE PRESS FIRMLY

Introducing: _____ Phone: _____

Address: _____

An Appointment has been reserved for:

_____ at _____
 _____ date _____ time _____

Reason for Referral:

- Complete Periodontal Examination and Treatment
- Evaluate Specific Area _____
- Gingival Recession _____
- Dental Implant _____
- Emergency Treatment _____
- Pre-Prosthetic Surgery (Ridge Augmentation & Crown Lengthening)
- Other _____

Recent full Mouth Radiographs:

- Unavailable, Please Take New Radiographs
- Accompanying Patient
- Mailed to Your Office

Periodontal Treatment Completed in Our Office to Date:

- Plaque Control Instruction
- Prophylaxis and Gross Scaling
- Root Planing • Date of Service: _____
- Periodontal Maintenance Therapy:
 Every _____ Months for _____ Years

Comments: _____

Referred By: _____ Date: _____

PATIENT INFORMATION

Welcome To Our Office!

Your doctor has referred you to our office for treatment of a periodontal (gum) problem. It is our goal to improve this situation as efficiently as possible, and in a caring and supportive environment. If you do not have an appointment, please call us as soon as possible. Our entire staff looks forward to a pleasant, professional, and personal relationship with you.

Emergency Care

Any symptoms of pain, swelling, or discomfort should be relayed to our office. We will do everything possible to provide relief and comfort for you.

First Appointment

Your first appointment will consist of obtaining a thorough medical and dental health history, a complete mouth examination and the taking of x-rays if necessary. A description of the extent of your condition will be made as well as the diagnosis, estimated fee and time required for treatment. Please feel free to ask questions at any time!

Dr. Amaya & Staff

