Pinole
Periodontics
& Dental Implants

Greg Meyers, DDS, MSD
Phone: (510) 724-8441 Fax: (510) 724- 0120
1420 Tara Hills Drive, Suite C Pinole CA, 94564

Referring Doctor: _____ Date: _____
Patient: _____
Best way to reach patient: Phone/ Email: _____
Insurance name: _____ Member ID: _____ DOB: _____

Chief concern/ Reason for referral: _____
Comprehensive Periodontal Examination/ Limited Exam (area): _____
Implant evaluation for area(s): _____
Horizontal/ Vertical bone loss _____
Tissue Recession/ Gingival Grafts (Tooth/ Teeth #'s) _____
Minimal/ No attached gingiva : Yes _____ No _____
Pinhole Surgical Technique/ CT graft: Yes ____ No ____
Increase amount attached gingiva: Yes ____ No ____
Crown Lengthening- Tooth # _____
Other- _____

Patient History:
New Patient: _____ Patient Since: _____
Date of last maintenance visit: _____ Maintenance Interval: _____
Has SRP been completeted in the last 2 years: Yes ____ No ____ UR ____ LR ____ UL ____ LL ____

Radiographs:

Please send FMX or appropriate periapicals of chief concern areas.
Please Call: ☐ Before consultation appointment ☐ After Consultation ☐ No call necessary

Additional Information/ Special Instructions:

_____

_____