



# EASTSIDE PERIODONTICS

**VIKRAM LIKHARI BDS, MS**

**BOARD CERTIFIED PERIODONTIST**

**DENTAL IMPLANTS & ESTHETIC PERIODONTAL MICROSURGERY**

TODAY'S DATE: \_\_\_\_\_

PATIENT'S NAME: \_\_\_\_\_

PATIENT'S PHONE NO: \_\_\_\_\_ PATIENT'S EMAIL: \_\_\_\_\_

REFERRED BY DR: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

APPOINTMENT DATE: \_\_\_\_\_ APPOINTMENT TIME \_\_\_\_\_

## REASON FOR REFERRAL:

LIMITED ORAL EVALUATION

ROOT COVERAGE / GINGIVAL RECESSION #: \_\_\_\_\_

CROWN LENGTHENING #: \_\_\_\_\_

DENTAL IMPLANT #: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMPREHENSIVE PERIODONTAL EVALUATION

**RADIOGRAPHS:**  TAKE NEW X-RAYS  X-RAYS WILL BE MAILED / EMAILED

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

DEAR PATIENT:

PLEASE BRING ALL PERTINENT MEDICAL INFORMATION AND A LIST OF ALL MEDICATIONS YOU ARE CURRENTLY TAKING TO YOUR INITIAL VISIT. WE LOOK FORWARD TO MEETING YOU SOON

**13635 BEL-RED RD, BELLEVUE, WA 98005**

**OFFICE: 425 643 5412 • FAX: 425 746 5921**

**EASTSIDEPERIO@GMAIL.COM • WWW.GUMDOCTOR.NET**