## PORTLANDPERIO

	Date:
Patient Name:	
Phone H: W:	Cell:
Referring Doctor:	
Phone: Fax:	
Patient will call Appointment is	s made for Date:
Please call Patient	Time:
REQUESTED TX:	
Sedation Oral OIV	CT Scan
Implant Consultation $\bigcirc$ Localized $\bigcirc$ Full Arch (overdee	entures, AO4, etc)
Comprehensive Periodontal Evaluation	
Evaluation of localized areas(s)	
Esthetic Perio-Plastic Procedures (Soft tissue grafts, esthetic crown lengthening etc.) Other Treatment (Biopsies, Extractions (incl. 3rds), ortho exposure & bond, etc.)	
Patient will bring films Please take necessary radiographs Emailed	
Comments / Concerns:	
Medical Dental Building: 833 SW 11th Ave., Suite 1020, Portland, OR 97205   T: 503.224.3853   F: 503.226.6832	
16679 Boones Ferry Road, Suite 210, Lake Oswego, OR 97035   T: 503.635.3415   F: 503.226.6832	
Dr. Kamran Haghighat B.D.S., M.S., P.C.	

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