



FRANCIE NAVAL, DDS

PERIODONTICS & DENTAL IMPLANTS

PATIENT NAME _____ DATE _____

REFERRING DENTIST _____

PREMEDICATION: NO YES SPECIFY _____

HISTORY OF SRP/PMT QUAD _____ DATE _____

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

PROPOSED TREATMENT PLAN _____

- | | |
|--|---|
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Frenum Pull |
| <input type="checkbox"/> Cosmetic recontouring | <input type="checkbox"/> Gingival recession |
| <input type="checkbox"/> Crown lengthening | <input type="checkbox"/> Implant consult |
| <input type="checkbox"/> Emergency problem | <input type="checkbox"/> Periodontal evaluation |
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Ridge Augmentation |

REMARKS _____

- Will e-mail x-rays / take x-rays
- Please call me regarding this patient.
- Please call patient. Phone # _____
- Patient has an appointment on _____ at _____.

5370 Hollister Avenue, Suite L
Santa Barbara, CA 93111
www.drnaval.com

Tel: 805.563.4404
Fax: 805.563.4405
admin@drnaval.com

WELCOME TO OUR PERIODONTAL PRACTICE!

We are committed in providing you with the best service and care possible.

What to expect at your first visit: This is for consultation only. This enables us to fully evaluate your status and customize your care to your specific needs. Emergency cases are usually treated the same day.

What to bring to your visit: Please bring this referral form, your dental insurance information, and x-rays. Also, please bring all important information regarding your medical information including medications you are taking.

If antibiotic premedication is required for dental procedures, please take as prescribed by your physician.

MAP TO OUR OFFICE

