

Sean P. Avera, D.D.S., M.S., Inc.

Practice limited to Periodontics and Dental Implants

PATIENT REFERRAL

□ 3113 Professional Drive, Suite 5 Auburn, California 95603 (530) 885-0953					☐ 563 Brunswick Rd., Suite 6 Grass Valley, California 95945 (530) 272-1734							
Introducing												
Referred by Doctor:												
Date Patient's Phone: (H)					(W)							
Patient will contact you □ Please call p					patient							
Please evaluate												
1 2 3 4 5	6 7	8	9	10	11	12	13	14	15	16		
Right 32 31 30 29 28 2	27 26	25	24	23	22	21	20	19	18	17	Left	
In the interest of good communication and cocheck the appropriate boxes below: ☐ Comprehensive periodontal exam and red ☐ Limited exam as indicated ☐ Dental implants ☐ Pre-Orth ☐ Soft tissue graft ☐ Cuspid e ☐ Crown lengthening ☐ Esthetics ☐ Other					eport odontics							
If other areas of concern are Recent Radiographs	found?	ailed ith p	l atie	nt	is ne	ecess	ary		Call	l me	ļ	
Treatment completed to date	e in refe	erring	g do	ctor	's of	fice						
\square RP completed \boxtimes N	Jo 🗆	Yes	D	ate_						de Quint	<u> </u>	
☐ Local Antibiotics (#s)						<u>=</u>					
☐ TX abscess (#'s)							= *					
Special instructions				ž.								

