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Periodontist

Embarcadero Dentistry

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Patient _____

Date _____

Referred By _____

Reason for Referral:

- Complete periodontal evaluation & treatment
- Special consultation. Reason(s):
 - Limited area(s):
 - Esthetic periodontics
 - Ridge augmentation
 - Recession Treatment
 - Implant(s) treatment planning
 - Bone grafting/tissue guided regeneration
 - Crown Lengthening
 - Non-Surgical periodontal treatment/or other:
- Emergency periodontal care

Areas of special concern: _____

List teeth that patient has been advised for possible extraction:

Comments/proposed restorative treatment plan:

Periodontal therapy to date by you or your staff: Please circle one:

- OHI
- Root Planing
- Local Chemotherapy
- Scaling
- Curettage
- Systemic Chemo Therapy