



Ali Haeri ^{D.M.D M.H.S}
Dental Implants | Periodontics

1297 West Main Street Suit A
El Cajon, CA 92020

Telephone: (619) 579-0505
email: Frontdesk@haeriperio.com

Fax: (619) 579-0609
Web: Haeriperio.com

Patients Name: _____ Phone: _____

Referring Doctor: _____ Referral Date: _____

Please evaluate the following (s):

- Complete periodontal exam _____
- Periodontal exam limited to area (s) _____
- Implants or related services _____
- Other _____

Please provide us with the following information:

Last Root planing: _____ Last Recall appointment: _____

Date of latest X-rays; Panorex _____, FMX _____, BW _____, Periopical _____