



**PERIODONTAL ARTS
& IMPLANTS**

"We Practice the Science Artfully"

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white: patient / yellow: file / card: mail to periodontist

Introducing: _____

Pt.'s Phone () _____ Referral date: _____

Referred by Dr.: _____

Dr.'s Phone: () _____ for: _____

- Complete periodontal Evaluation / Treatment
- Limited periodontal Evaluation / Area: _____
- Crown Lengthening tth #: _____
- Surgical Ext. & Bone Graft tth #: _____
- Implants; Area / #: _____
- Gingival Grafts / Recession / Area: _____
- Frenectomy
- Esthetic periodontics / Gummy Smile
- Ridge Augmentation / Pre-prosthetic
- Emergency Consult & Treatment
- Other: _____

• Previous Perio Tx:

- Root Planning Date: _____
- Surgery None

- X-ray films will be sent
- Please take new films

- Medical Alert None
- Yes _____

• Specific Restorative Plan:

• Comments:

- Please Call before: pt. consult
- treatment
- no call is necessary