933 S. Sunset Avenue
Suite 303
West Covina, CA 91790
Tel: 626.814.8040
Fax: 626.814.8620

SOCALDSC™

FRIENDLY DENTAL SPECIALTY CENTER

Practice limited to ***Periodontics & Implant Dentistry***

Patient's Name: _____ Date _____ for

- ☐ Periodontal Consultation / Treatment
- ☐ Gingival Graft
- ☐ Crown Lengthening Procedure
- ☐ Aesthetic Surgery Evaluation
- ☐ Oral Implant / Preprosthetic Surgery Evaluation
- ☐ CBCT Scan

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

R	A	B	C	D	E	F	G	H	I	J	L
	T	S	R	Q	P	O	N	M	L	K	

Appointment Date: _____ Time: _____ A.M. P.M.

Chief Complaint: _____

Special Instruction / Remarks: _____

_____

Current X-ray: ☐ Sent by mail ☐ Sent with Patient ☐ Please take one ☐ Please return

REFERRING DR.: _____

OFFICE PHONE NUMBER: _____

PLEASE BRING THIS CARD WITH YOU, THANK YOU.