

**Jeannie Chung, D.D.S., M.S., Inc.**  
*Specialist in Periodontics*

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**Introducing Patient:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Appointment Date/Time:** \_\_\_\_\_

**Periodontal Examination:** Please circle area(s) of concern

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

**Consultation For:**

- ☐ Periodontal Osseous Surgery
- ☐ Soft Tissue Graft
- ☐ Crown Lengthening
- ☐ Other: \_\_\_\_\_

**Periodontal Treatment History in your office:**

Dental Prophylaxis: \_\_\_\_\_

Periodontal Scaling and Root Planing: \_\_\_\_\_

Other: \_\_\_\_\_

**Restorative Treatment Plan/Remarks:** \_\_\_\_\_

**Radiographs:**

☐ Accompany with Patient      ☐ Mailed/Email      ☐ Please Take

Referring Dr's Signature: \_\_\_\_\_

Dr's Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Proceed with Treatment      ☐ Consult With Me      ☐ Additional Referrals

PATIENT INSTRUCTIONS

- The initial visit is for a consultation and evaluation. We tailor the care to your specific needs.
- Please bring the following:
  1. This referral slip
  2. Names of your doctors, current medications, and medications that you are allergic to
  3. Radiographs
  4. Insurance information
- Minors (under 18 years of age) must be accompanied by a parent or legal guardian.
- You have been referred for specialized care to a periodontist. We work closely with your dentist to ensure that you receive proper care. If you have any questions, please contact us.

