



Saxony Medical Building  
 345 Saxony Road, Suite 203  
 Encinitas, CA 92024

760-642-0711 phone  
 760-642 0700 fax  
 www.drannkania.com

Patient Name \_\_\_\_\_ Date \_\_\_\_\_  
 Phone #s H \_\_\_\_\_ W \_\_\_\_\_  
 Referring Doctor \_\_\_\_\_

Patient will call  
 Please call patient  
 My appointment  
 Date \_\_\_\_\_  
 Time \_\_\_\_\_

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

Circle Tooth / Area

Recent Full Mouth Radiographs:  Accompany Patient  Mailed Date \_\_\_\_\_  
 Patient does not have radiographs, take as needed

How long has the patient been in your practice? \_\_\_\_\_

- REFERRED FOR:**
- Complete Periodontal Evaluation
  - Limited Consultation
  - Implant Consultation
  - Crown Lengthening
  - Mucogingival Concern
  - Aesthetic Surgery
  - Other

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INSTRUCTIONS FOR PATIENTS**  
 Please call for an appointment  
 If you are taking medications, please bring a list of them with you  
 Minors must be accompanied by a parent or guardian  
 Fees are payable at the time of service

E Mail Report to Referring Doctor at: \_\_\_\_\_

WHITE - Give to Patient

YELLOW - Keep in YOUR Patient Chart