

**Daniel D. Newbold, D.D.S., Daniel M. Kunihiro, D.D.S.,
Caitlyn K. Affrunti D.D.S., M.S. and Mark J. Kunihiro, D.D.S.**

Practice Limited to Periodontics and Implant Dentistry

164 W. Hospitality Lane, Suite #10 • San Bernardino, Ca 92408 • (909) 383-0625 • Fax: (909) 383-1029

*Please arrive at the office 10-15 minutes early to complete necessary paperwork.
If Pre-Med is necessary, be sure to take prior to appointment.*

Patient _____ Date _____

Referred by Dr. _____ Patient Phone # _____

I. Reason for referral

- | | |
|---------------------------------|---|
| _____ Complete Periodontal Exam | _____ Extraction With Site Preservation |
| _____ Osseous Surgery | _____ Ridge Augmentation |
| _____ LANAP - Laser Surgery | _____ Sinus Augmentation |
| _____ Crown Lengthening | _____ Oral Implants |
| _____ Tooth Exposure for Ortho | _____ Oral Pathology/Biopsy |
| _____ Gingival Grafting | _____ Other |
| _____ Frenectomy | |

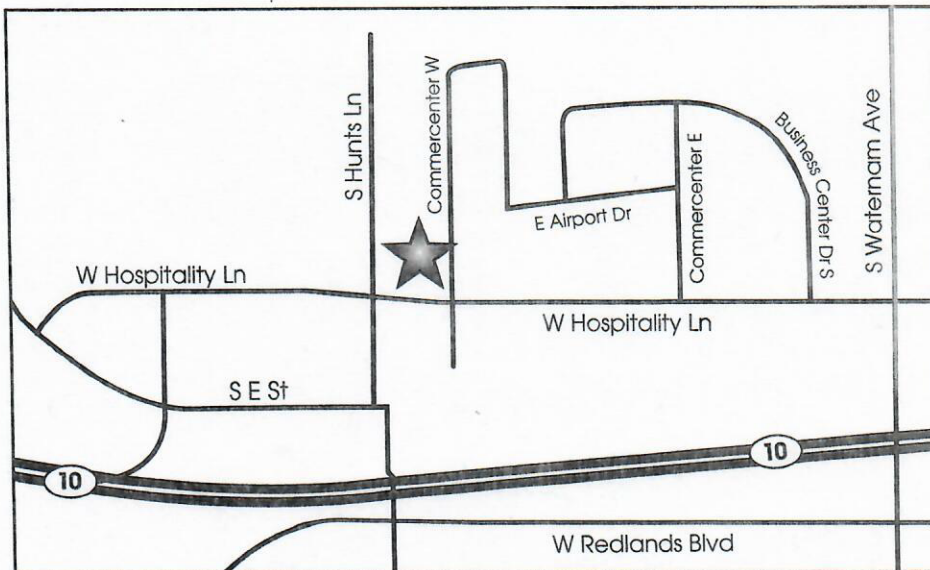
Comments: _____

II. X-ray will be sent X-ray should be taken Most Recent FMX _____

Last Perio Recall?: _____ Date: _____

Has S&RP been completed? YES NO Date: _____ Quads: _____

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