## Alameda Periodontics & Implants

2238 Santa Clara Ave Connie Oh, DDS, MS Alameda CA 94501

alamedaperio.com

ph (510) 522-3545 fax (510) 522-2291

info@alamedaperio.com

Patient name		Patient phone		
Refi	Full mouth Limited area Recession Implant Extraction Crown lengthening Frenectomy		88888 999999	1999RR
	Call to discuss			
X-rays:  Sent to info@alamedaperio.com  Mailed Take as needed		o.com	Date of la	ast root planing: UL:
Insurance info (if any):			LR:	LL:
Refe	erring doctor (name; signature not	necessary)	 Date	
White to Alameda Periodontics			Ye	ellow to patient chart

## Alameda Periodontics & Implants

Before your visit:

Fill out your registration forms online at alamedaperio.com
If you would prefer a hard copy by mail, request at the time of scheduling
Note: we will attempt to process your dental insurance, but can do so only if you or your dentist's office provide your plan information.

Bring to your visit:

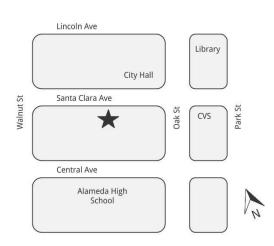
- ☐ This referral slip
- ☐ Photo ID
- ☐ Insurance card (if information not already submitted via registration form)
- ☐ Any x-rays
- List of medical conditions and medications
- ☐ Payment for your consultation fee (if we receive payment from your insurance, we will reimburse you or apply a credit toward treatment)

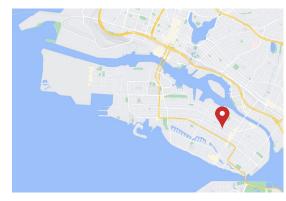
If you need help with translation or understanding our discussion, you may have a friend or family member call in for the duration of your initial visit.

Free patient parking can be accessed by the driveway on the left of the building.

Office hours: Mon-Fri 8:30-3

We look forward to meeting you!





Patients - please see reverse for important information to prepare for your visit