

BAY Periodontics

Dental Implants

Michael A. Nguyen DDS MS

"Changing lives, one healthy smile at a time"

500 S. Murphy Avenue
Sunnyvale, CA 94086
Phone (408) 508 - 4867
Fax (408) 865 - 7903
Info@bayperio.com

Today's Date: _____ Appt. Date: _____ Time: _____

Patient's Name: _____ FIRST NAME _____ LAST NAME _____

Patient's Phone: () _____

Referred By: _____

Reason for Referral-Specific Areas of Concern:

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

PERIODONTAL THERAPY

- | | |
|--|--|
| <input type="checkbox"/> Complete Periodontal Exam & Treatment | <input type="checkbox"/> Wisdom Teeth Evaluation |
| <input type="checkbox"/> Localized/Limited Exam & Treatment | <input type="checkbox"/> Regeneration |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Periodontal Bone (GTR) |
| <input type="checkbox"/> Soft Tissue Grafting | <input type="checkbox"/> Gingivectomy |
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lanap/Laser | _____ |

IMPLANT THERAPY

- | | |
|--|--|
| <input type="checkbox"/> Dental Implants | <input type="checkbox"/> Socket Preservation (GBR) |
| <input type="checkbox"/> Sinus Grafting | <input type="checkbox"/> Ridge Augmentation |

OTHER SERVICES

- | | |
|--|--|
| <input type="checkbox"/> Cone Beam CT | <input type="checkbox"/> Frenulectomy |
| <input type="checkbox"/> Soft/Hard Tissue Biopsy | <input type="checkbox"/> IV or Oral Sedation |
| <input type="checkbox"/> Tooth Exposure | <input type="checkbox"/> Other: _____ |

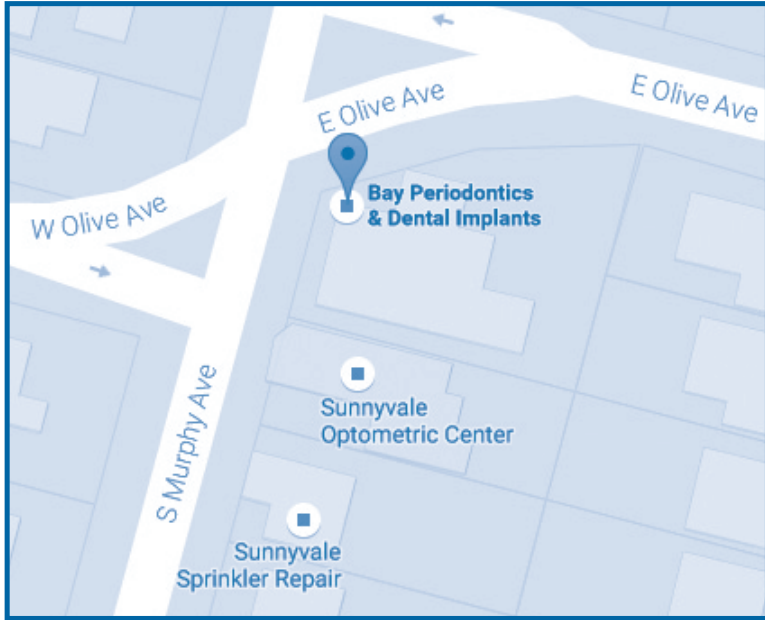
RECENT FULL MOUTH RADIOGRAPHS

- | | | |
|---|---|---|
| <input type="checkbox"/> Available, date taken: _____ | <input type="checkbox"/> Unavailable, please take new radiographs | |
| <input type="checkbox"/> Patient will bring | <input type="checkbox"/> Emailed to office | <input type="checkbox"/> Mailed to office |

Special Instructions or Comments:

Michael Nguyen, DDS, MS

Periodontics and Implant Surgery



500 S. Murphy Ave., Sunnyvale 94086

Please assist us at the time of your initial visit to the office by providing the following information:

- Your referral slip and x-rays from your referring dentist.
- A list of medications you are currently taking (please note that you can fill out your patient registration and medical history form on our website.)
- If you have dental insurance, please bring any forms or insurance cards with you to the appointment.

Please Note: All patients under 18 must be accompanied by a parent or guardian at the consultation appointment.

Please notify the office if you have a medical condition or concern prior to surgery (e.g. artificial heart valves or joints, heart murmurs requiring pre-medication, severe diabetes, or hypertension).