



AFSHIN SALAMATI, DDS, MS, PC

PERIODONTICS & DENTAL IMPLANTS

DIPLOMATE OF THE AMERICAN BOARD OF PERIODONTOLOGY

Referred by: _____

Introducing New Patient: _____

Address: _____

Phone (home) _____ (work) _____ (cell) _____

For the following
(check all that apply):

Examination

- General
- Specific
- Dental Implants

Treatment

- Root Coverage
- Soft Tissue Graft
- Dental Implants
- Sinus Graft/Lift
- Crown Lengthening
- Ridge Augmentation
- Pocket Reduction
- Bone Graft/GTR
- Extraction
- Ortho Exposure
- Fiberotomy
- Frenectomy
- Oral Pathology

Teeth Numbers: _____

Date/Type of Radiographs Available: _____

Restorative Plan: _____

Length of time in your practice: _____

When was the last cleaning? _____

How many cleaning sessions? _____

Remarks: _____

Dear Patient: Your first appointment at our office will be an examination. We will provide an objective diagnosis of your periodontal health, determine the extent of involvement and tell you precisely what we recommend. The time needed, fees, and insurance coverage, if any, will be discussed. You will have an opportunity to raise any questions and concerns and we will be glad to answer them. We are passionate about periodontics and implant dentistry. We look forward to welcoming you to our practice.

We are committed to excellence in patient care.

Thank you for your confidence.

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- TAKE WILSHIRE BLVD. TO ROXBURY DR.
- GO NORTH ON ROXBURY DR.
- MAKE A LEFT ON S. SANTA MONICA BLVD.
- PARKING ENTRANCE IS ON YOUR LEFT.

