

# **JACK SHABANIAN D.D.S.**

## **Periodontics & Implantology**

**11701 Hawthorne Boulevard, Hawthorne, California 90250**

**Tel:(310)676-0145**

**Introducing:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Referred by Dr.:** \_\_\_\_\_

**For:**

Complete Periodontal Evaluation and Treatment

Limited Periodontal Treatment as Indicated:  
\_\_\_\_\_  
\_\_\_\_\_

Complete Implant Evaluation and Treatment

**Tooth:**

**Right**

**Left**

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

With Abutment

Without Abutment

**Recent Full Mouth Radiographs:**

Mailed to your office

Unavailable, please take new radiographs

Accompanying patient

**Specific Restorative or Prosthetic Plans:** \_\_\_\_\_  
\_\_\_\_\_

Please call before starting treatment

Emergency