



[www.PeakDentalSpecialists.com](http://www.PeakDentalSpecialists.com) • PH. (626) 335-4287 • [Office@PeakDentalSpecialists.com](mailto:Office@PeakDentalSpecialists.com)

210 S. Grand Ave., Suite 308, Glendora, CA. 91741

**Endodontics • Orthodontics • Oral Surgery & Sedation**

**Periodontics • Cone Beam CT Imaging**

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## REFERRED SERVICE(S)

☐ **Consultation Only**

☐ **Evaluate & Treat as needed**

☐ **Oral Surgery**

☐ Sedation

☐ Extraction # \_\_\_\_\_

☐ Frenectomy

☐ **Implants #** \_\_\_\_\_

☐ Implant Restoration # \_\_\_\_\_

☐ **Diagnostics**

☐ Cone Beam CT Imaging

☐ Cephalometric X-Ray

☐ **Periodontics**

☐ Date of last SRPs \_\_\_\_/\_\_\_\_/\_\_\_\_\*\*

☐ Comprehensive Perio Eval

☐ Limited Perio Eval UL LL UR LR

☐ Crown Lengthening # \_\_\_\_\_

☐ Gingivectomy # \_\_\_\_\_

☐ Gingival Recession # \_\_\_\_\_

☐ Osseous Surgery UL LL UR LR

☐ Sinus Lift

☐ Gingival Grafting # \_\_\_\_\_

**\*\*Required for Perio referrals**

☐ **Orthodontics**

☐ Braces

☐ Clear Aligners

☐ Retainers

☐ **Endodontics\*#** \_\_\_\_\_

**Notes:** \_\_\_\_\_

## REFERRING DENTIST

Office Name: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_ DATE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Signature: \_\_\_\_\_

Contact us with questions @ (626) 335-4287 or [Office@PeakDentalSpecialists.com](mailto:Office@PeakDentalSpecialists.com)

**PLEASE EMAIL/FAX THIS SIGNED FORM TO (626) 387-9873**

*\*Root canal treatments are performed by a highly skilled general dentist. No retreatment or patients under 9.*