



Saxony Medical Building
345 Saxony Road, Suite 203
Encinitas, CA 92024

760-642-0711 phone
760-642-0700 fax
www.drannkania.com

Patient Name _____ Date _____

Phone #s H _____ W _____

Referring Doctor _____

- Patient will call
 Please call patient

My Appointment

Date _____

Time _____

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

Recent Full Mouth Radiographs: Accompany Patient Mailed Date _____
 Patient does not have radiographs, take as needed

How long has the patient been in your practice? _____

REFERRED FOR:

- Complete Periodontal Evaluation
 Limited Consultation
 Implant Consultation
 Crown Lengthening
 Mucogingival Concern
 Aesthetic Surgery
 Other

Comments: _____

INSTRUCTIONS FOR PATIENTS

Please call for an appointment
If you are taking medications, please bring a list of them with you
Minors must be accompanied by a parent or guardian
Fees are payable at the time of service

E Mail Report to Referring Doctor at: _____