

# ANN MINEO KANIA <sup>Incorporation</sup> DDS, DMSC

Diplomate • American Board of Periodontology



Periodontics • Laser • Dental Implants

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760-642-0700 fax  
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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: \_\_\_\_\_