



AMY M.K. FRENCH, DMD, MS
ADAM PARIKH, DMD, MSD

805 West Seventh Street, Suite 202
Reno, Nevada 89503

PHONE: (775) 322-5122 / FAX: (775) 322-7038

email: frontdesk@sierranvperio.com

website: www.sierranvperio.com

THIS IS TO INTRODUCE:

Patient's Name: _____ Date: _____

Date of Birth: _____ **PRE-MED?** _____

Best Contact Phone #(s): _____ / _____

Patient's email: _____

Referring Doctor: _____

PATIENT IS BEING REFERRED FOR:

- Periodontal Examination (current FMX or pano needed)
Specific areas of concern: _____
- Implant Evaluation#(s) _____ (current FMX and/or Pano needed)
- Extraction #(s): _____ (current PA(s) needed)
- Tissue Graft #(s): _____
- Biopsy: _____
- Other: _____

COMMENTS: _____

FMX / PA(s) Mailed/E-mailed With Patient Please Take
[frontdesk@dramyfrenchdmd.com]

PREVIOUS ROOT PLANING? _____ **DATE(s):** _____

APPOINTMENT: _____ **TIME:** _____

BRIDGE PARK PLAZA DENTAL COMPLEX

Take Keystone Exit off I-80
North on Keystone
East (right) on West 7th

