

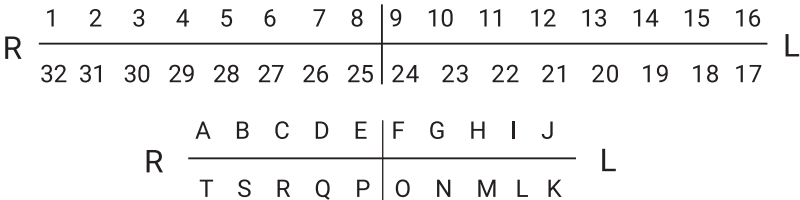


**SOCALDSC™**  
**North Orange County Dental Specialty Center**  
*Practice limited to **Periodontics & Implant Dentistry***

1480 S. Harbor, Suite 5  
 La Habra, CA 90631  
 Tel: 714.870.5200  
 Fax: 714.870.5481

Patient's Name: \_\_\_\_\_ Date \_\_\_\_\_ for

- Periodontal Consultation / Treatment
  - Gingival Graft
  - Crown Lengthening Procedure
  - Aesthetic Surgery Evaluation
- Oral Implant / Preprosthetic Surgery Evaluation
  - CBCT Scan



Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M.  
 P.M.

Chief Complaint: \_\_\_\_\_

Special Instruction / Remarks: \_\_\_\_\_

Current X-ray:  Sent by mail  Sent with Patient  Please take one  Please return

**REFERRING DR.:** \_\_\_\_\_

**OFFICE PHONE NUMBER:** \_\_\_\_\_

**PLEASE BRING THIS CARD WITH YOU, THANK YOU.**