

# David Sarment, DDS, MS

Diplomate, American Board  
of Periodontology

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Today's Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

Referring Dr.'s Name: \_\_\_\_\_

**COMMENTS / SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### RADIOGRAPHS SENT:

With Patient     By Mail     By Email to [info@sarmentperio.com](mailto:info@sarmentperio.com)

#### WELCOME TO OUR PRACTICE

Our office is committed to providing you with the highest quality of care possible. To help us in scheduling your appointment, please remember the following:

Your first appointment will consist of obtaining a thorough medical and dental health history, a complete mouth examination and the taking of X-rays if necessary. We will describe the extent of your condition, time required for treatment and provide you with estimated fees. Please feel free to ask questions at any time. If you wish you may bring your spouse or close family member along to listen to the consultation.

Please bring all pertinent healthcare and insurance information.

**Our goal is to meet and exceed your expectations.  
We look forward to meeting you!**

#### Reason for Referral:

**Periodontal Evaluation #** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Implant Evaluation #** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Root Coverage #** \_\_\_\_\_

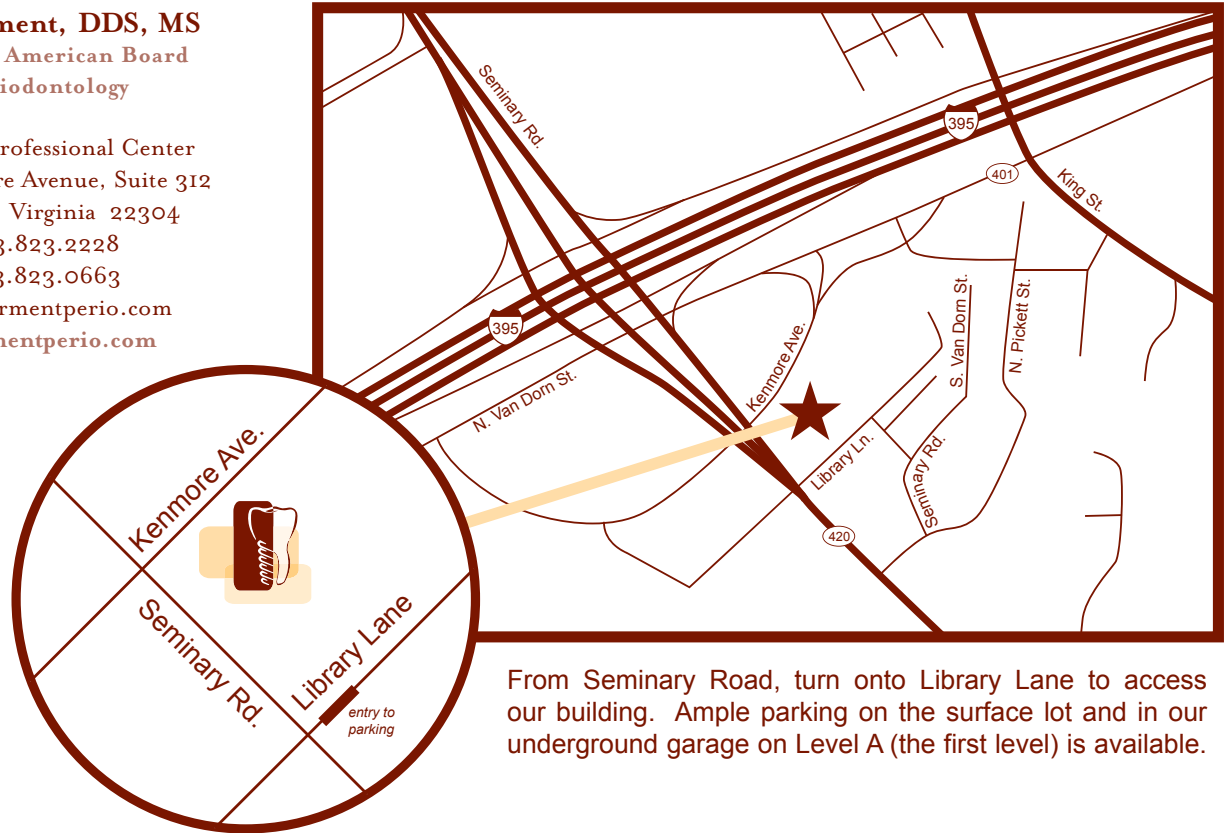
**Crown Lengthening #** \_\_\_\_\_

**CBCT Scan of area(s)** \_\_\_\_\_

**Other:** \_\_\_\_\_

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From Seminary Road, turn onto Library Lane to access our building. Ample parking on the surface lot and in our underground garage on Level A (the first level) is available.