



Clifton E. Nakatani DDS MSD
Practice Limited to Periodontics and Implants

1102 Corporate Way • Suite 150 • Sacramento, CA 95831
916-421-5555
email: nakatanifrontoffice@comcast.net
www.nakatanidds.com

Date of Referral: _____
Introducing: _____
Referred By: _____



SCHEDULED APPOINTMENT Day: _____ Date: _____ Time: _____

PLEASE CALL TO SCHEDULE Patient's Phone No: _____

RADIOGRAPHS: Mailed Sent with Patient Emailed

<u>Please indicate desired treatment:</u>	<u>Area(s) of concern:</u>
<input type="checkbox"/> Evaluate and treat as indicated.	
<input type="checkbox"/> Consultation only.	
<input type="checkbox"/> Limited treatment.	
<input type="checkbox"/> Soft tissue graft.	
<input type="checkbox"/> Crown lengthening.	
<input type="checkbox"/> Implants.	
<input type="checkbox"/> Emergency.	
<input type="checkbox"/> Other:	

Please indicate periodontal treatment performed in your office.

Please indicate restorative treatment plan:

Notes/Comments:

We reserve the right to charge for appointments cancelled or broken without 48 hours advance notice.

White Copy: Referring Office • Yellow Copy: Patient • White Postcard: Mail to Dr. Nakatani



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