



**WILLIAM J. CHO, D.D.S., M.S.**  
Diplomate, American Board of Periodontology  
Practice Limited to Periodontics and Dental Implants

TODAY'S DATE: \_\_\_\_\_

APPT. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PATIENT'S NAME \_\_\_\_\_

PATIENT'S TEL #: \_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_

REFERRING DR.'S TEL #: \_\_\_\_\_

Premedication Required. Antibiotic Used: \_\_\_\_\_

**RADIOGRAPHS:**

- Take X-Rays
- Patient has X-Rays
- Referring Dr.'s office will send X-Rays

**TREATMENT REQUESTED:**

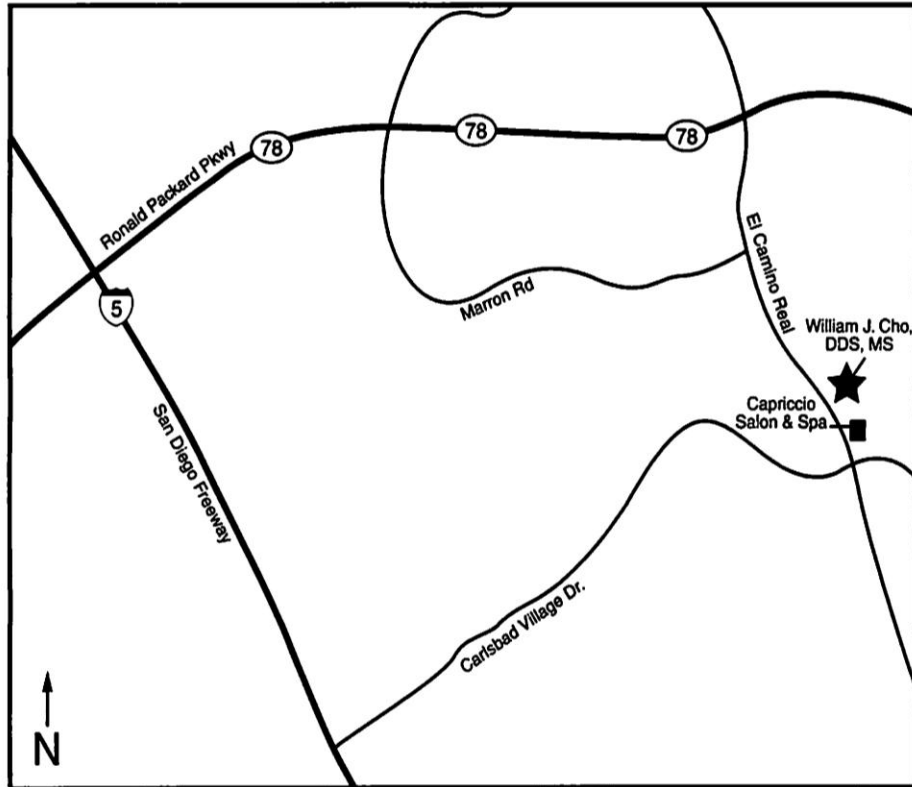
- Periodontal Evaluation
- Implant Consultation
- Gingival Recession/Soft Tissue Grafting
- Gingival Contouring for Esthetics
- Crown Lengthening
- Bone Regeneration: Guided Tissue Regeneration/Ridge Augmentation
- Periodontal treatment for Orthodontics
- Other:  
Comments / Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE SEE REVERSE FOR A MAP TO OUR OFFICE**  
**3144 El Camino Real, Suite 104 • Carlsbad, CA 92008**  
**Tel 760.720.7372 • Fax 760.720.7305**  
**www.wjcperio.com**



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