Steven E. Schonfeld, D.D.S., Ph.D.

2773 HARRIS STREET SUITE B
EUREKA, CA 95503

PERIODONTICS
DENTAL IMPLANTS

707-444-0488
www.gumdoc.com

Indroducing _____

Phone: Home_____Work_____

Address: Street_____
City _____ Zip_____

☐ Please provide comprehensive periodontal exam/treatment

☐ Localized evaluation _____

☐ Gingival Recession/Graft_____

☐ **Periodontal Emergency,** area _____

☐ Please evaluate for implants, area _____

☐ Other _____

Has scaling & root planing been done at your office? **Y / N**

Recent Radiographs: ☐ have been mailed
☐ have been given to patient

An appointment has been reserved for _____ at _____
Date Time

Referred by _____ Date_____