# LARCHMONT VILLAGE (LV) DENTAL SPECIALTY CENTER

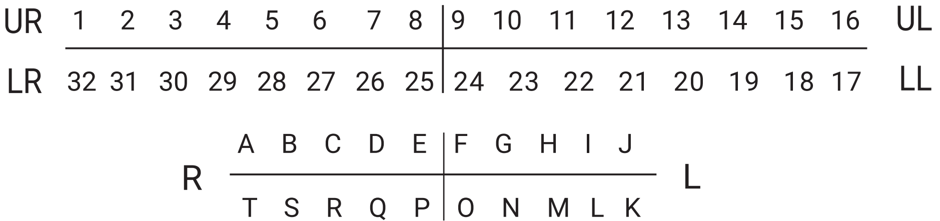
*Practice limited to* ***Periodontics & Implant Dentistry***

321 N. Larchmont Blvd.
Ste. 721
Los Angeles, CA 90004
Tel: 323.465.3116
Fax: 323.465.5276

Patient's Name: ______________________________

Appointment Date: ___________________________ Time: ____________ A.M. P.M.

- ☐ Local Periodontal Consultation/TX
- ☐ Comprehensive Consultation/TX
- ☐ Crown Lengthening - Functional
- ☐ Crown Lengthening - Aesthetic
- ☐ Oral Implant/Preprosthetic Surgery Evaluation
- ☐ Bone Graft/Sinus Graft
- ☐ Ridge Augmentation
- ☐ Extraction
- ☐ Gingival Graft
- ☐ Frenectomy




Chief Complaint: ____________________________________________

Special Instruction / Remarks: ______________________________

_____________________________________________________________

Current X-ray: ☐ Sent by mail ☐ Sent with Patient ☐ Sent by Email ☐ Not Available

**REFERRING DR.:** __________________________________________

**OFFICE PHONE NUMBER:** ____________________________________

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