WILLIAM L. PERRY, DDS, FACD

100 Los Gatos-Saratoga Rd.
Los Gatos, CA 95032
Ph 408-399-9205
Fax 408-399-9207
care@thelosgatosdentist.com

Patient's Name: _____ Date: _____

Appt Date/Time: _____ Referring Doctor: _____

REFER FOR:

- ☐ Second Opinion
- ☐ Comprehensive Care
- ☐ Limited Scope Care (in tx section)
- ☐ **Call Referral Prior to Seeing Patient**
- ☐ Other: _____

PROSTHODONTIC TREATMENT

Fixed Prosthodontics	**Tooth #(s)**
☐ Functional Rehabilitation	_____
☐ Esthetic Rejuvenation	_____
☐ Perio/Pros Rehabilitation	_____
☐ Failing/Worn Dentition	_____
☐ Other: _____	

PLEASE EVALUATE PATIENT FOR:

Condition	**Tooth #'s/Area**
☐ Esthetic Evaluation	_____
☐ Wear/Erosion	_____
☐ Vertical Dimension Compromise	_____
☐ Failing Fixed Prosthetics	_____
☐ Rampant Caries	_____
☐ Tooth Restorability	_____
☐ Matching Single Anterior Tooth	_____
☐ Missing Tooth/Teeth	_____
☐ Dental Implant Therapy	_____
☐ Fractured/Ill-Fitting Remov Pros	_____
☐ Sleep Apnea	_____
☐ TMJ Disorder	_____
☐ Other: _____	

IMPLANT RESTORATIONS	**Tooth #(s)**
☐ Single Tooth Replacement	_____
☐ Multiple Tooth Replacement	_____
☐ Implant Supported Hybrid	_____
☐ Implant Retained Overdenture	_____
☐ Implant Supported Overdenture	_____
☐ Oral Reconstruction	_____
☐ Malposition Implant Restoration	_____
☐ Other:	_____
Removable Prosthodontics	**Arch**
☐ Complete Denture(s)	_____
☐ Complete Overdenture(s)	_____
☐ Partial Denture(s)	_____
☐ Immediate Partials/Dentures	_____
☐ Interim Partials/Dentures	_____
☐ Other: _____	

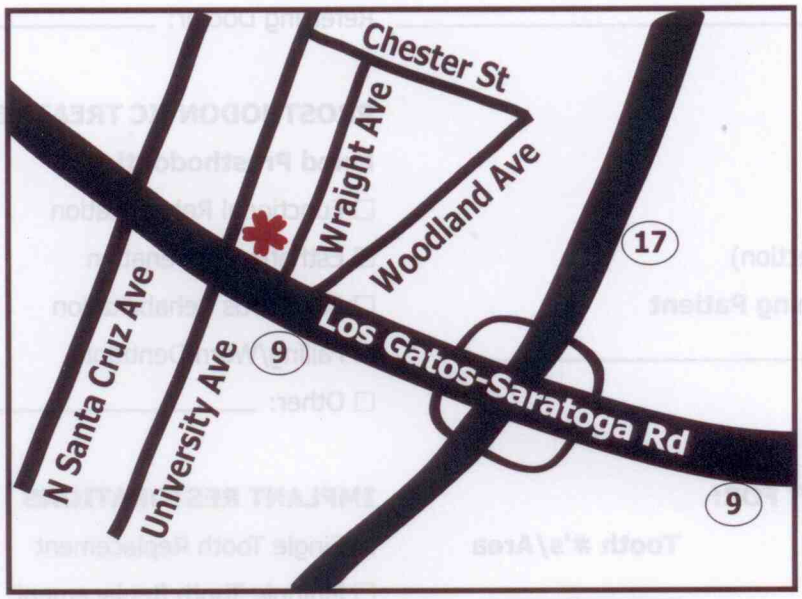
RADIOGRAPHS

- ☐ Take All Necessary
- ☐ Mailed/Emailed
- ☐ Patient Will Bring

MAINTENANCE

- ☐ Return for Comprehensive Care
- ☐ Return for Hygiene Only
- ☐ Patient Released

COMMENTS _____



Take Highway 17 to Los Gatos

Exit onto Highway 9/Los Gatos-Saratoga Rd. toward Los Gatos/Saratoga

Take the first right onto Wraight Ave

Take an immediate left into the underground parking garage

For your convenience there are 2 parking spaces reserved for

Dr. Perry's patients at the far end of the garage on the left