# *Caton J. State, D.D.S., M.S., P.C.*

***Diplomate of the American Board of Periodontolgy***

***Practice Limited to Periodontics and Dental Implants***

***www.eldoradoperio.com***

❑ **Placerville**
3105 Cedar Ravine Rd #203
Placerville, CA 95667
**Ph: (530) 626-6320**

❑ **El Dorado Hills**
3840 El Dorado Hills Blvd #202
El Dorado Hills, CA 95762
**Ph: (916) 941-0604**

❑ **Citrus Heights**
8035 Madison Ave, #E4
Citrus Heights, CA 95610
**Ph: (916) 965-1200**

**email: info@eldoradoperio.com** **fax: (530) 626-5573**

**Introducing:**_____ **Date**_____

**Patient Referred For:**

❑Full Periodontal Evaluation and treatment as indicated
Special emphasis on #_____
❑Limited evaluation and treatment: _____
❑Gingival recession/mucogingival: _____
❑Crown Lengthening: _____
❑Implants: _____
Preference ❑Straumann ❑Nobel ❑Astra ❑Other _____
❑**CBCT scan only**

Notes: _____
_____

Most recent FMX: _____ ❑none
Most recent cleaning: _____
Most recent SRP: _____ Areas: _____ ❑none

Referring Doctor: _____ Date_____

Appointment Date: _____ Time: _____

***Please visit www.eldoradoperio.com for new patient paperwork to fill out prior to your visit**