Clifton E. Nakatani DDS MSD
Practice Limited to Periodontics and Implants

1102 Corporate Way • Suite 150 • Sacramento, CA 95831
916-421-5555
email: nakatanifrontoffice@comcast.net
www.nakatanidds.com

Date of Referral: _____

Introducing: _____

Referred By: _____

☐ **SCHEDULED APPOINTMENT** Day: _____ Date: _____ Time: _____

☐ **PLEASE CALL TO SCHEDULE** Patient's Phone No: _____

RADIOGRAPHS: ☐ Mailed ☐ Sent with Patient ☐ Emailed

Please indicate desired treatment:	**Area(s) of concern:**
☐ **Evaluate and treat as indicated.**	
☐ **Consultation only.**	
☐ **Limited treatment.**	
☐ **Soft tissue graft.**	
☐ **Crown lengthening.**	
☐ **Implants.**	
☐ **Emergency.**	
☐ **Other:**	

Please indicate periodontal treatment performed in your office.

Please indicate restorative treatment plan:

Notes/Comments:

We reserve the right to charge for appointments cancelled or broken without 48 hours advance notice

White Copy: Referring Office • Yellow Copy: Patient • White Postcard: Mail to Dr. Nakatani