



**Perio4U**

Periodontics and Dental Implants Center

Niloofar Zarkesh, DDS, MS, Adrienne Gunstream, DDS, MS,

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**Fax Referral Form - No Cover Sheet Required, Please Fax to (408) 998-9009**

**Please select the doctor you want your patient to see:**

\_\_\_\_\_ Dr. Niloofar Zarkesh, DDS, MS      \_\_\_\_\_ Dr. Adrienne Gunstream, DDS, MS  
\_\_\_\_\_ Please schedule with first available doctor ASAP

This is to Introduce Mr. / Ms. \_\_\_\_\_ to your office.

Patient Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Referring doctor \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Areas of Concern** \_\_\_\_\_

**Suggested Treatment:**

\_\_\_\_ Comprehensive periodontal evaluation and treatment  
\_\_\_\_ Limited oral evaluation and treatment of sites: \_\_\_\_\_  
\_\_\_\_ Crown lengthening  
\_\_\_\_ Dental Implants  
\_\_\_\_ Esthetic periodontal evaluation and treatment  
\_\_\_\_ Consult only  
\_\_\_\_ Other \_\_\_\_\_

**Please email a copy of the most recent radiographs to [xray@perio4u.com](mailto:xray@perio4u.com).**

For a full mouth periodontal evaluation or dental implant treatment planning, a current full set of radiographs (FMX with vertical bitewings) or panoramic radiograph is required. CBCT is available for 3D evaluation of pathologies or fractures.

\_\_\_\_ The radiographs \_\_\_\_\_ taken on \_\_\_\_\_ are available.  
\_\_\_\_ Radiographs will be emailed to ☐ Patient ☐ [xray@perio4u.com](mailto:xray@perio4u.com)  
\_\_\_\_ No current FULL MOUTH OR PANORAMIC radiographs are available, please take

**Scaling & Root Planing:**

\_\_\_\_ Has been performed on \_\_\_\_\_  
\_\_\_\_ Will be performed on \_\_\_\_\_  
\_\_\_\_ Please perform at your office  
\_\_\_\_ Only recall was done on \_\_\_\_\_

**Restorative Treatment Plan:**

\_\_\_\_ Is complete  
\_\_\_\_ Is established  
\_\_\_\_ Is pending outcome of periodontal consult  
Treatment plan: \_\_\_\_\_

**Scheduling:**

\_\_\_\_ Patient is scheduled in your office on day \_\_\_\_\_, Date \_\_\_\_\_, and Time \_\_\_\_\_  
\_\_\_\_ Patient would like you to call and make an appointment as soon as possible.  
\_\_\_\_ Patient will call your office to schedule an appointment. If patient did not call please call and schedule in a week.

**Additional Information:** \_\_\_\_\_

**Thank you for giving us the opportunity to be part of your patient's dental care.**