

**IMPLANTS & REGENERATIVE
PERIODONTICS**

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Diplomate American Board of Periodontology

Introducing _____

Date _____

Phone: (H) _____ (W) _____

New Patient to Us _____

Referred by Dr. _____

Returning Patient _____

An appointment has been reserved on _____ at _____

Please Evaluate:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>		<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>13</u>	<u>14</u>	<u>15</u>	<u>16</u>
	32	31	30	29	28	27	26	25		24	23	22	21	20	19	18	17

Recent _____ FMX _____ PAX's

_____ **Limited** Evaluation as Indicated

_____ Dental Implants* _____ Crown lengthening**

_____ Soft Tissue Grafts _____ Other _____

_____ Please Take

_____ Mailed to your office

_____ **Complete** Periodontal Evaluation*

**FMX REQUIRED ** PERIAPICALS REQUIRED*

_____ Coming with patient

Patient Concerns / Fears/ Motivators _____

Special Instructions or Comments _____
