

**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:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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 _____
