MODERN PA PERIODONTICS

Great Health Starts with Your Smile

ANGELINE KUZNIA, DMD, MS
DOUGLAS I. STORCH, DMD, MS
BERNARDO F. BIANCO, DMD, MS
Diplomates of the American Board of Periodontology

Name: _____ Date: _____

Please call patient to schedule ☐ Y ☐ N Phone: _____

Appointment Date: _____

X-Ray Available: _____

Referring Doctor: _____ Phone: _____

PERIODONTAL THERAPY

- ❑ Complete Periodontal Exam & Treatment
- ❑ Limited Exam & Treatment (Teeth #_____)
- ❑ Crown Lengthening (Teeth #_____)
- ❑ Minimally Invasive Laser Periodontal Therapy (via LANAP™)
- ❑ Soft Tissue Grafting
- ❑ Periodontal Bone Grafting
- ❑ Other:_____

IMPLANT DENTISTRY

- ❑ Dental Implants (Sites:_____)
- ❑ Sinus Grafting/Augmentation
- ❑ Ridge Augmentation
- ❑ Other:_____

ORTHODONTIC SERVICES

- ❑ Pre-Orthodontic Gingival Grafting
- ❑ Accelerated Osteogenic Orthodontics
- ❑ Uneven Gingival Margins
- ❑ Cuspid Exposure
- ❑ Forced Eruption
- ❑ Gingival Overgrowth

OTHER SERVICES

- ❑ Extractions (Teeth #'s _____)
- ❑ Pre-Prosthetic (Tori Removal/Alveoloplasty)
- ❑ IV or Oral Sedation
- ❑ Other: _____

Special Instructions or Comments: _____

_____

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www.modernperio.com

252 15th Ave. S.
Jacksonville Beach, FL 32250
P: 904-249-8448
F: 904-249-8554
Health@modernperio.com

9432 Baymeadows Rd. Suite 200
Jacksonville, FL 32256
P: 904-443-7000
F: 904-443-7012
Care@modernperio.com

1409 Kingsley Ave. Suite 9A
Orange Park, FL 32073
P: 904-278-1175
F: 904-278-1176
Care@modernperio.com

563 University Blvd. N
Jacksonville, FL 32211
P: 904-398-1136
F: 904-398-1810
Health@modernperio.com