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Practice Limited to Periodontics & Implant Dentistry

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Diplomate American Board of Periodontology

Today's Date: ___/___/___ **Introducing:** _____

Referred By: _____

Birth Date: ___/___/___ **Phone#:** _____

Please Call Patient Patient will Call for Appointment

Radiographs: Please take new radiographs Emailed to office

Accompanying Patient

Periodontal / Implant / Esthetic Concerns:

Periodontal Evaluation

Area(s) of concern: _____

Previous periodontal treatment: _____

Was scaling completed in the last 2 years? _____

Recession / Soft Tissue Grafting #(s): _____

Esthetic Crown Lengthening: _____

Tooth Extraction #(s): _____

Other: _____

Dental Implant Evaluation

Implant Tooth #(s): _____

Ridge Augmentation / Sinus Lift: _____

Comments / Restorative Plan: _____

Please call prior to appointment

Call after appointment

Please send more Referral Slips