

Jonathan M. Jenkins, D.D.S., M.S.

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