ADVANCED
PERIODONTICS | IMPLANTOLOGY

Monish Bhola, DDS, MSD • Shilpa Kolhatkar, DDS, MDS
John F. Sivertson, DDS, MS • Leyvee Cabanilla Jacobs, DDS, MSD

Patient: _____ **Date:** _____

Examination and evaluation of: (check all that apply)

- ☐ Periodontal disease
- ☐ Dental implants
- ☐ Bone graft, sinus lift
- ☐ Soft tissue graft
- ☐ Crown lengthening
- ☐ Biopsy

Orthodontic related procedures: (please check)

- ☐ Frenectomy
- ☐ Fiberotomy
- ☐ Gingivectomy
- ☐ Surgical exposure of teeth
- ☐ Other: _____

Periodontal treatment within the past 24 months? ☐ Yes ☐ No

- ☐ Scaling and Root Planing
- ☐ Periodontal surgery

Full Mouth Radiographs: ☐ Need to be taken ☐ Will be forwarded

Comments: _____

_____

Referred by Dr. _____

Phone: _____

☐ 40400 E. Ann Arbor Rd. Ste 204A
Plymouth, MI 48170
O: 734.459.4077 • F: 734.459.4084

☐ 31636 Schoolcraft Road
Livonia, MI 48150
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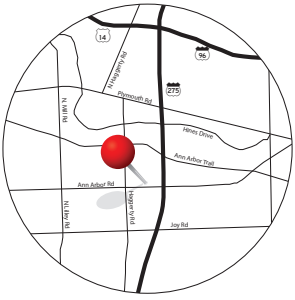
www.advanceperiodontics.com • www.drbhola.com



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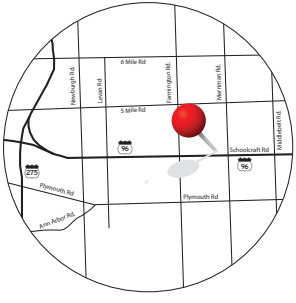

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