



DENTAL IMPLANTS & PERIODONTAL HEALTH  
— OF ROCHESTER —

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LUCY JOHNSON D.D.S.

Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Patient: \_\_\_\_\_

- Appointment Scheduled for date: \_\_\_\_\_
- Patient phone number to schedule: \_\_\_\_\_
- Patient will call to Schedule Appointment

**Radiographs:**

- will be sent  take at appointment
- Please provide comprehensive/ specific periodontal evaluation & treatment
- Patient has had scaling and root planing in the last 24 months
- Please provide implant evaluation for tooth/teeth #'s
- Please provide/evaluate for crown lengthening on tooth/teeth #'s
- Please evaluate for gingival recession of tooth/teeth #'s
- Extraction of tooth/teeth #'s
- Other surgical services: \_\_\_\_\_

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1	2	3	4	5	6	7	8
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UL

9	10	11	12	13	14	15	16
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LR

32	31	30	29	28	27	26	25
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LL

24	23	22	21	20	19	18	17
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Additional Comments: \_\_\_\_\_

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