

LISA SALLOUM, DDS

PERIODONTICS & DENTAL IMPLANTS

2262 Dunn Avenue • Suite 4 • Jacksonville, Florida 32218
Tel: 904.696.0000 • Fax: 904.696.0060

Patient: _____

Phone Number(s): _____

- | | |
|--|--|
| <input type="checkbox"/> Periodontal Examination | <input type="checkbox"/> Tissue Grafting |
| <input type="checkbox"/> Dental Implants | <input type="checkbox"/> Bone Grafting |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Cuspid Exposure |
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Other: _____ |

R	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	L
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

Patient has been in my practice: _____

Recent full mouth x-rays:

- Accompanying patient Will be mailed Not available

Restorative Treatment Plan: _____

Comments: _____

Referring Doctor: _____

Phone: _____ Date: _____

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