DR. VERA TELYAKOVA, DDS, MSc
Certified Specialist in Periodontics

360 Dental Specialists

PATIENT INFORMATION

Full Name _____

Address _____

City _____ PC _____

Phone Number _____

E-mail _____

DOB: _____

INSURANCE INFORMATION

Policy Holder's Name _____

Policy Holder's DOB _____

Insurance Company _____

Policy/Plan # _____

Certificate/ID # _____

REFERING DENTIST INFORMATION

Dentist Name _____

Office Name _____

Phone Number _____

E-mail _____

X-RAYS – (PA/BW/PAN/CBCT If available)

___ **Not Available** ___ **Attached to E-mail**

REASON FOR REFERRAL

___ Comprehensive Periodontal Assessment

___ Periodontal Disease diagnosis & treatment (for patients with PD 6mm or more)

___ Canine Exposure

___ Crown Lengthening

___ Dental Implant Consultation/Placement

___ Gingival Recession/Connective Tissue Graft/Free Gingival Graft

___ Sinus Augmentation

___ Peri-Implantitis/Peri-Implant Mucositis

___ Frenectomy

___ Biopsy/Soft Tissue Lesion

___ Tooth Extraction/Socket Preservation

___ Bone Grafting/Ridge Augmentation (GBR/GTR)

___ Periodontal Phenotype Modification

___ IV Sedation

NOTES _____

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