MILTON GEIVELIS, D.D.S., M.S.

PRACTICE LIMITED TO PERIODONTICS

DIPLOMATE, AMERICAN BOARD OF PERIODONTOLOGY

106 W. Bartlett Ave.

Bartlett, Illinois 60103

PH: (630) 830-4930 Fax: (630) 830-4953

Date: _____

Patient Name: _____

Patient Phone: _____

Referring Doctor: _____

Appointment on: _____ Time:_____

The Area of Major Concern:

(Please circle all that apply)

☐ **Periodontics Related:** (Periodontitis, Esthetic Crown Lengthening, Soft Tissue Augmentation, Smile Line Evaluation and other Pre-Restorative Treatment)

_____

☐ **Dental Implant:** (Sites, Types of Implant Request, Peri-Implantitis

_____

☐ **Extraction:** (Tooth #, Ridge Augmentation)

_____

☐ **Other Information:** (Restorative/Prosthetic Treatment Plans, Types and dates of Periodontal Treatment rendered in your office, etc.)

_____

Please forward current X-rays to: info@drmiltongeivelis.net

This Patient is: ☐ New to my Practice ☐ # of years in Recall _____

I would like Dr.Geivelis to call_____☐before or ☐ after examination

I would like Dr. Geivelis to write _____☐report after exam ☐report after treatment