

ILLINOIS DENTAL SPECIALISTS

JANE H. KIM, DDS MS
Periodontist & Implant Surgeon
Board-Certified, ABP Diplomate

Date _____

Patient's Name _____

Patient's Phone _____

Referring Doctor's Name _____

Referring Doctor's Phone _____

Referring Doctor's Email (if preferred) _____

Does the patient require antibiotics prior to dental treatment? Y N

Please *circle* the teeth to be treated:

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

Please *verify* the teeth to be treated: # _____

CONSULTATION AND PROCEDURES:

- | | |
|--|---|
| <input type="checkbox"/> Periodontal Disease | <input type="checkbox"/> Biopsy / Lesion Evaluation |
| <input type="checkbox"/> Gingival Grafting | <input type="checkbox"/> Alveoloplasty |
| <input type="checkbox"/> Crown Lengthening | <input type="checkbox"/> Exposure |
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Exposure and Bond |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Bone Grafting | <input type="checkbox"/> Apicoectomy |
| <input type="checkbox"/> Sinus Grafting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Ridge Augmentation | _____ |

RADIOGRAPHS:

- | | |
|---|---|
| <input type="checkbox"/> Given to patient | <input type="checkbox"/> Take CBCT |
| <input type="checkbox"/> To be mailed | <input type="checkbox"/> Take radiographs |

COMMENTS: _____

PATIENT INSTRUCTIONS:

You have been referred for specialized care to Dr. Jane Kim. Our office will make every effort to make your visit with us a completely comfortable experience. Please assist us by providing the following information at the time of your consultation.

- Your surgical referral slip and any x-rays, if applicable.
- A list of all medications and dosages you are presently taking.
- A list of all doctors that you are currently seeing, along with contact information
- If you have medical and/or dental insurance, please bring all your insurance cards. This will save time and allow us to process your claims.
- Please alert the office if you have a medical condition that may be of concern prior to your procedure.

Please note that, in most instances, we require a consultation first to review your health history and formulate an appropriate treatment plan for you. Your surgery is then scheduled for a separate appointment date. This protocol is to ensure your safety and to provide proper communication to you as the patient as well as your referring doctor prior to treatment.

Board-certified specialists.
Collaborative care.
One location.
For you.