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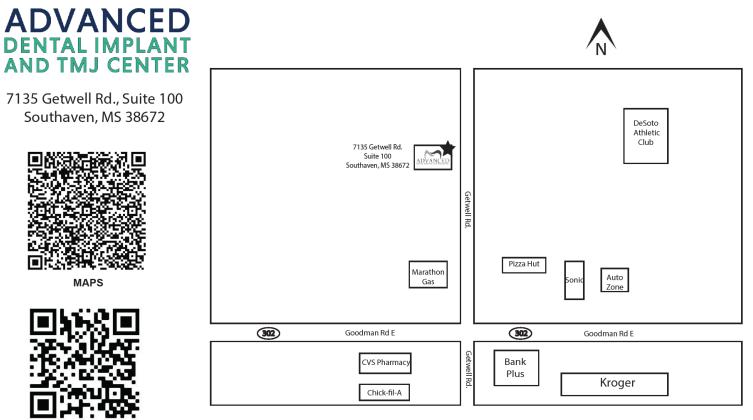
Board Certified Periodontist & Dental Implant Surgeon

Ph: 662.655.4868 Fax: 662.727.4099

Jay Patel, DDS, MPH Periodontist & Dental Implant Surgeon 7135 Getwell Rd., Suite 100 Southaven, MS 38672

Please Bring This Form To Your Appointment.

| Da | te: Patient Name | : | | | | | | | | | | Ref | errin | g D | r.: | | | | |
|-----|--|-------|---------|--|---------------|---------|---------|---------|---------|---------|---------|----------|---|----------|---------------|------------------------|----------|----------|--|
| 000 | Periodontal Evaluation Implant Consultation: Crown Lengthening on: | | | | | | | | | | | 0 0 | TMJ Issues: Occlusion Evaluation / Prosthodontic | | | | | | |
| 0 | Recession: Extractions: | | | | | | | | | _ | | 0 | IV S | Seda | ation | | | | |
| | | Right | 1 32 | 2 31 | 3 30 | 4 29 | 5 28 | 6 27 | 7 26 | 8 25 | 9 24 | 10 23 | 11 22 | 12 21 | 13 20 | 14 19 | 15 18 | 16 17 | - Left |
| | X-Ray Enclosed We take most insurances. Please Call About This Patient | | | | | | | | | | | | | | | all About This Patient | | | |
| | De Sete a BEST | | | IS Magaz OF ENTAL PLANT & TMJ ATMEN | E s | | | | | | | set | | | atrow TIST | | | | BOARD OF ARTICLE OF AR |



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