DR SIMS

PERIODONTICS | DENTAL IMPLANTS

Patient Information

Patient's Name ______________________ Age __________

Street Address ______________________

City, State, Zip Code ______________________

Home Phone Number (   ) ______________________

Work Phone Number (   ) ______________________

Evaluation Information

please evaluate the following areas

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	

_____ Comprehensive examination

_____ Preprosthetic surgery
- ___ crown lengthening
- ___ tori removal
- ___ vestibuloplasty

_____ Cosmetic Crown Lengthening

_____ Mucogingival defects

_____ Soft tissue graft/augmentation

_____ Oral pathology
- ___ consultation/biopsy

_____ Implant evaluation

_____ Isolated pockets

_____ Furcation Involvement

_____ Other (please explain) ______________________

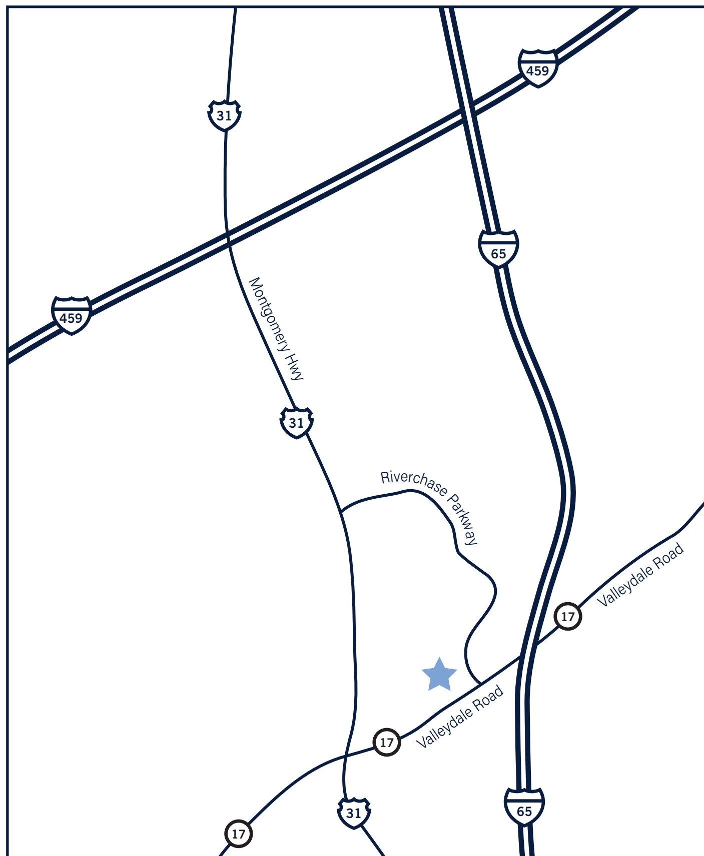
Remarks

____

Referring Practitioner Information

____

Work Phone Number (   ) ______________________



Kevin Sims, DMD, MS, PC
Paradocs Professional Building

2074 Valleydale Road, Hoover, Alabama 35244
(205) 982-7105
drkevinsims.com