



SOUTHDALE PERIODONTICS

Practice Limited to Periodontics and Implant Dentistry
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Today's Date: ___/___/___ Patient: _____

Birth date: ___/___/___ Phone #: _____

Please Call Patient Patient will Call for Appointment

Radiographs: Please take new radiographs Emailed to office
 Patient will bring radiographs

Periodontal/Implant/Esthetic Concerns:

Periodontal Evaluation

Area(s) of concern: _____

Previous periodontal treatment: _____

Was scaling completed in the last 2 years? _____

Crown Lengthening Tooth #(s): _____

Recession/Soft Tissue Grafting #(s): _____

Frenum Involvement: _____

Tooth Extraction #(s): _____

Other: _____

Dental Implant Evaluation

Implant Tooth #(s): _____

Ridge Augmentation/Sinus Lift: _____

Permanent Abutment(s) with Dentist OR Periodontist? (circle one)

Comments/Restorative Plan: _____

Referred By: _____

Please call prior to appointment _____ Call after appointment

Please send more Referral Slips

PARKING: The Southdale Medical Building provides free parking in the surrounding lot and parking ramp on the east side.

