

Gregory C. Chotkowski DMD

115 East 61st Street 3rd Fl
New York NY 10065
www.GregoryChotkowskiDMD.com

To schedule an appointment call: 347-921-1173

Patient Name: _____ DOB: _____

Consultation:

- Third Molars Bone Graft Exposure / Bracket TMJ
 Extractions Alveoplasty Sleep Apnea / Snoring Implants/Type
 Apicoectomy Orthognathic Surg Soft Tissue / Pathology
 Other: _____

NOTE: Indicate teeth to be evaluated/treated with a *circle*. Indicate missing teeth with X

	A	B	C	D	E	F	G	H	I	J						
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
	T	S	R	Q	P	O	N	M	L	K						

Procedure:

- Third Molars Biopsy Extractions
 Implants Incision / Drainage Alveoplasty
 Other: _____

Radiographs:

- Patient to bring Being sent Please obtain
 Please return Keep Email to: _____

Remarks: _____

Significant Past Medical History: _____

Dentist's Signature: _____ Date: _____

Please provide this referral form on the day of your appointment.

Email: GregoryChotkowskiDMD@gmail.com