

JAY S. FISHBEIN, D.M.D.

*Diplomate of the American Board of Periodontology
Practice Limited to Periodontics with Services in Implants*

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INTRODUCING: _____ TODAY'S DATE: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

REFERRED BY: DR. _____

WELCOME TO OUR OFFICE: Thank you for selecting our office for your periodontal and implant needs. We are committed to providing you with the highest quality of care possible.

We look forward to meeting you!

REFERRED FOR THE FOLLOWING:

FULL MOUTH EVALUATION

ISOLATED AREA _____ IMPLANTS _____

REMARKS OR SPECIAL INSTRUCTIONS: _____

PREMEDICATION NEEDED

RADIOGRAPHS: BEING EMAILED

BEING MAILED GIVEN TO PATIENT TAKE RADIOGRAPHS AT INITIAL EXAM

APPOINTMENT: M T Th F S DATE: _____ Time: _____