



*Mark J. Lavin*

PERIODONTICS & DENTAL IMPLANTS

3400 E. 26th Street, Sioux Falls, SD 57103  
PH: 605.332.6300 | FAX: 605.332.6305  
www.marklavindds.com  
E-mail: contact.us@marklavindds.com

Referring Dentist: \_\_\_\_\_ Date: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Does patient have dental insurance: \_\_\_ Yes \_\_\_ No If Yes please fill out:

Ins. Provider / Carrier: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber DOB: \_\_\_\_\_

Subscriber ID#: \_\_\_\_\_ Group#: \_\_\_\_\_

**Appointment Information:**

- Call patient to schedule
- Patient will call to schedule
- Patient is scheduled: Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Radiographs: Please email to contact.us@marklavindds.com  
Type: Pan / FMX / Bitewings / PAs (Please Circle)  
Date taken: \_\_\_\_\_

**(Please circle teeth or site to be evaluated)**

UR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	UL
LR	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	LL

**Please Evaluate:**

- General Periodontal Evaluation (SRP)
- Limited Periodontal Evaluation
  - Tissue Grafting Teeth #: \_\_\_\_\_
  - Isolated Pocketing Teeth #: \_\_\_\_\_
  - Crown Lengthening: Teeth #: \_\_\_\_\_
  - Oral Pathology / Biopsy Area: \_\_\_\_\_
- Implant Evaluation:
  - Extract/Bone Graft Teeth #: \_\_\_\_\_
  - Implant placement Site #: \_\_\_\_\_
  - Ridge Augmentation Area: \_\_\_\_\_
  - Direct/Indirect Sinus Lift Teeth #: \_\_\_\_\_
  - Peri-Implantitis Site #: \_\_\_\_\_
  - Prosthetic Complications

Other / Additional Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

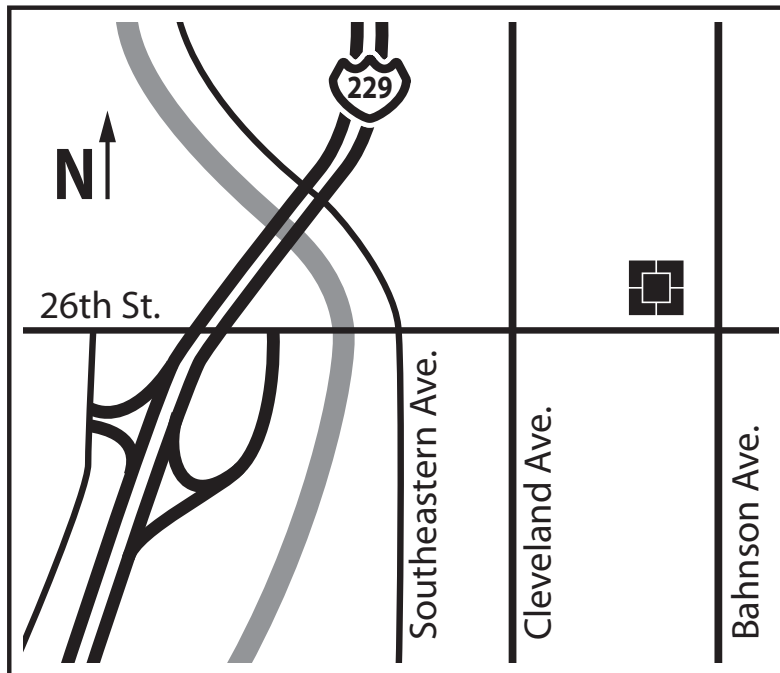
Patient is also being referred to Dr. Marshall Lavin for Endodontic concerns. (If this box is checked our office will try to coordinate appointments. Please send separate referral.)

## INSTRUCTIONS TO THE PATIENTS

1. Minors must be accompanied by a parent or guardian for the first appointment and for the time of any surgical procedure.
2. Fees are payable on the date of service. Payment arrangements are available and must be arranged prior to initiation of treatment.
3. Please bring all insurance cards with you to your appointments. We are happy to file your dental insurance claims for you.
4. Please arrive 10 minutes prior to your appointment with your completed paperwork. These forms can be found at [www.marktlavindds.com](http://www.marktlavindds.com).
5. If it is necessary to cancel your appointment, please call at least 24 hours in advance.
6. Call us at 605-332-6300 with any questions or concerns you may have.

### Lavin Dental Specialties

3400 E. 26th Street  
Sioux Falls, SD 57103



### LOCATION

3400 E. 26th Street  
1 mile east of I-229  
Across the street from  
Apple Tree Learning Center