



Alexander Volchonok DMD MS

Board Certified Periodontist & Implant Surgeon

AVPERIODONTICS

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Date: _____ Referring Doctor: _____

Phone Number: _____

Patient name: _____

Phone number: _____

- For:
- Consultation for complete periodontal therapy
 - Consultation and treatment for the following condition:

Site:

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

Periodontal:

- Scaling and root planning
- Pocket reduction surgery
- Crown lengthening
- Biopsy/ Bacterial Culture
- Tissue regeneration
- Mucogingival defect (Soft Tissue Graft)

Implants:

- Implants
- Extraction
- Ridge Augmentation
- Sinus Lift (Crestal/ Lateral)
- Peri-implantitis
- Cone Beam CT

Interdisciplinary:

- Digital Smile Design
- Orthodontic Tooth Exposure
- Immediate Implant Temporization
- Partial/ Full Arch Immediate Loading

Comments: _____

- Radiographs: Being sent via mail Unavailable- Please take
 Are being sent via e-mail (VolchonokDMD@gmail.com)

Thank you for your confidence in our team. We look forward to providing the highest level of care for your patient.