COSIMI
DENTAL IMPLANTS & PERIODONTICS

Michael J. Cosimi, DMD, MS
408 Lincoln Dr. • Herrin, IL 62948
*phone* 618-997-2403 • *fax* 618-997-2487
*email* cosimisiperio@gmail.com

Referring Doctor _____ Date _____

Introducing _____

Patient's Phone # _____ Patient's Date of Birth _____

Does the patient take a pre-med antibiotic prior to dental treatment? ☐ Yes ☐ No

## REASON FOR REFERRAL

☐ Comprehensive Periodontal Evaluation

☐ Problem focused examination

*Specific teeth involved* _____

☐ Dental Implants

☐ Other

_____

_____

## YOUR APPOINTMENT

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Date _____ Time _____ am/pm

*The time is reserved just for you. If you are unable to keep your appointment, please let us know at least 24 hours in advance so that we may schedule a new time for you. Thank you for your consideration.*

## THINGS TO REMEMBER...

- *Please bring a list of your medications to your appointment*
- *Please bring your medical and dental insurance cards to your appointment*
- *Please have your x-rays and referral emailed to us by your referring doctor prior to your appointment*

We look forward to meeting you and serving your dental needs.

## ADDITIONAL COMMENTS

## HOW TO FIND US