



# JACKSONVILLE DENTAL SPECIALISTS

**Richard Aguila, D.D.S., M.H.S.**

**Periodontist** ☐

**Matthew S. Nawrocki, D.M.D., M.S.**

**Prosthodontist** ☐

11512 Lake Mead Ave. | Bldg, 530, Suite 532 | Jacksonville, FL 32256 | 904-460-4201 Office

**Introducing:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Appointment Date:** \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

## PERIODONTICS

- |  |  |
|--|--|
| <input type="checkbox"/> Complete Periodontal Exam & Treatment | <input type="checkbox"/> Soft Tissue Grafting      |
| <input type="checkbox"/> Local Exam & Treatment (Teeth _____)  | <input type="checkbox"/> Periodontal Bone Grafting |
| <input type="checkbox"/> Crown Lengthening (Teeth _____)       | <input type="checkbox"/> Extractions (Teeth _____) |
| <input type="checkbox"/> Laser Periodontal Therapy (Via LANAP) | <input type="checkbox"/> Other: _____              |

## PROSTHODONTICS

- |  |   |
|--|---|
| <input type="checkbox"/> Crown (Teeth _____)                   | <input type="checkbox"/> Fixed Prostheses     |
| <input type="checkbox"/> Implant Crown (Site _____)            | <input type="checkbox"/> Removable Prostheses |
| <input type="checkbox"/> Bridge (Teeth _____)                  | <input type="checkbox"/> TMJ Therapy          |
| <input type="checkbox"/> Implant Supported Bridge (Site _____) | <input type="checkbox"/> Sleep Apnea          |
| <input type="checkbox"/> Full Mouth Reconstruction             | <input type="checkbox"/> Other: _____         |

## IMPLANT TREATMENT

- |   |  |
|---|--|
| <input type="checkbox"/> Dental Implants (Sites: _____)           | <b>FULL ARCH:</b>  |
| <input type="checkbox"/> Sinus Grafting/Augmentation              | <input type="checkbox"/> Maxillary <input type="checkbox"/> Mandibular |
| <input type="checkbox"/> Ridge Augmentation                       | <input type="checkbox"/> Surgical Only                                 |
| <input type="checkbox"/> Galileos Cone Beam CT Scan & 3D Planning | <input type="checkbox"/> Dr. Nawrocki Restore                          |
| <input type="checkbox"/> Other _____                              | <input type="checkbox"/> Referring Dentist Restore                     |

## RADIOGRAPHS

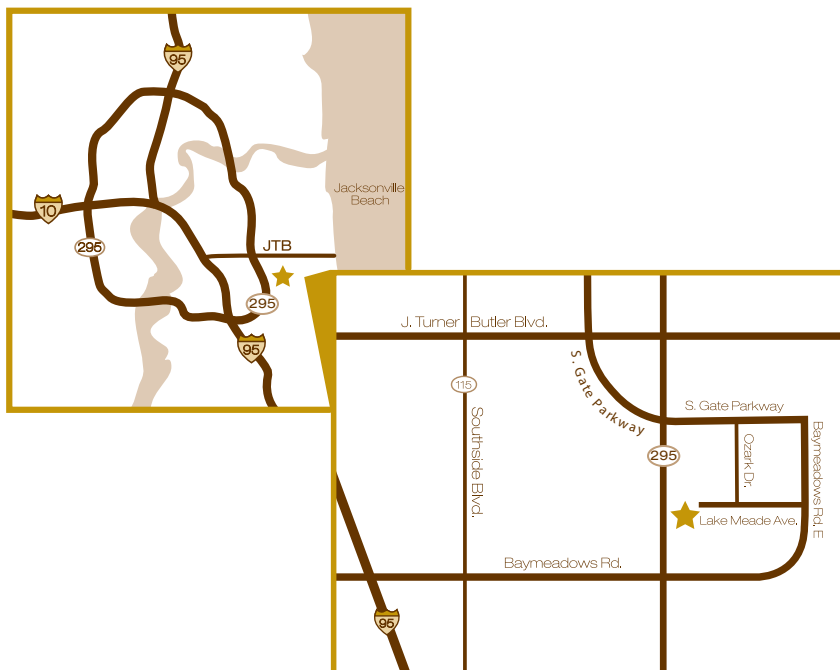
- ☐ Our Office Will Email:  
FMX Panoramic Bitewings Periapical to: [jaxdentalspecialists@gmail.com](mailto:jaxdentalspecialists@gmail.com)
- ☐ Patient Will Bring
- ☐ Please Take Films, If Needed

**Comments:** \_\_\_\_\_

\_\_\_\_\_



11512 Lake Mead Avenue, Suite 532 • Jacksonville, FL 32256  
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## DIRECTIONS TO OUR OFFICE:

**From J. Turner Butler** - Exit I295 South to Gate Parkway exit #54 and go EAST

**From I295 (Formerly 9A)** - Take Gate Parkway exit #54 and go EAST

**From Gate Parkway** - Take 1st right onto Ozark Drive. At Lake Mead Ave, take a right and go to Building #530 (Florida Eye Specialists building). The entrance to our Office Suite #532 is on the left side of Building #530.

**From Baymeadows** - Take Baymeadows Rd. East and make a left at Lake Mead Ave. Continue on Lake Mead Ave and go to Building #530 (Florida Eye Specialists building). The entrance to our Office Suite #532 is on the left side of Building #530.

*(Online New Patient Registration is available at our website)*