Dental Implant & Periodontal Surgeons,P.C.

Periodontics, Reconstructive Dental Implant Surgery & Sedation

Sam B. Khoury, D.D.S, M.S.

Diplomate-American Board of Periodontology

Dental Implant Smiles

PATIENT NAME: _____ DATE: _____

PATIENT'S PHONE #: _____

REFERRING DOCTOR: _____ PHONE #: _____

REASON FOR REFERRAL: ☐ GUM DISEASE/BONE LOSS ☐ GUM RECESSION

☐ DENTAL IMPLANTS ☐ ANXIOUS PATIENT-CONSIDER IV SEDATION

COMMENTS: _____

_____

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RADIOGRAPHS: LAST FULL SERIES TAKEN ON:

☐ ENCLOSED ☐ ARE ACCOMPANYING PATIENT ☐ ARE BEING FORWARDED ☐ FMX_____ PA_____#

TREATMENT DISCUSSION: ☐ BEFORE examination ☐ AFTER examination

DENTAL IMPLANTS

☐ Tooth / Teeth _____

☐ Implant Preffered:

☐ Straumann ☐ Biohorizons

☐ Other _____

☐ Number of Implants desired _____

☐ Esthetic Concern _____

☐ Immediate Provisional in ☐ Your ☐ Our Office

☐ Transitional Partial Denture (Flipper) to be delivered

☐ Implant Supported Overdenture _____

☐ Fixed Implant Restoration-Hybrid _____

☐ Other _____

_____

_____

COMMENTS

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