



# ADVANCED Implants & Periodontics

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Diplomate, American Board of Periodontology · Diplomate, International Congress of Oral Implantologists  
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## PATIENT INFORMATION:

Today's Date: \_\_\_\_\_ DOB: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

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

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

## PLEASE CONTACT ME:

- After examination by phone
- After examination by email
- After examination by mail

## REASON FOR REFERRAL:

- Periodontal Disease
- Dental Implants
- Ridge/ Sinus Augmentation
- Extraction/ Socket Preservation
- Recession/ Mucogingival defect
- Crown Lengthening
- Gingival Contouring for Cosmetics
- Wilckodontics
- Other \_\_\_\_\_

## REFERRING DOCTOR INFORMATION:

Referred By: \_\_\_\_\_

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

Email: \_\_\_\_\_

## PLEASE INDICATE TOOTH/ AREA TO BE EVALUATED:

## IMPLANT SYSTEM: 3i Biohorizon Zimmer

Nobel Biocare  Other \_\_\_\_\_

## RADIOGRAPHS:

- Given to patient  Being mailed
- Please take  Being emailed

## SURGICAL TEMPLATE:

- Provided by restorative dentist  Provided by periodontist

## PERIODONTAL HISTORY:

- Scaling and root planning. Date: \_\_\_\_\_
- Other: \_\_\_\_\_

## RESTORATIVE PLANS:

- Teeth planned for extraction \_\_\_\_\_
- Other: \_\_\_\_\_

## REMARKS OR SPEICAL INSTRUCTIONS: