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Diplomates, American Board of Periodontology • Fellows, International Congress of Oral Implantologists

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Appointment Information: This time is reserved specifically for you. If by necessity, you must cancel your appointment for surgery, please notify our office at least 48 hours in advance.

Appt. Date: _____ Time: _____ am / pm

Patient's Name: _____

Referred By: _____

Referring Dr.'s Tel #: _____

I WOULD LIKE YOU TO:

- Call me before seeing this patient
- Call me after seeing this patient
- Notify me by letter after visit

MEDICAL ALERTS:

- Allergies
- Premedication required. Antibiotic used: _____
- Patient desires sedation

PERIODONTAL HISTORY:

- Previous root planning. Date of service: _____
- Other: _____

REASON FOR REFERRAL:

- Periodontal Disease
- Biopsy _____
- Stomatitis (lichen planus, pemphigoid)
- Dental Implants _____
- Ridge Deficiency
- Sinus Pneumatization
- Extraction / Socket Graft
- Recession # _____
- Frenum Labial / Lingual # _____
- Gummy Smile
- Preprosthetic - soft tissue augmentation
- Restorative Plans: _____
- Wilckodonitcs

RADIOGRAPHS:

- I will send
- Patient will bring
- Please take
- Return originals

REMARKS / SPECIAL INSTRUCTIONS: _____

