



Fred L. Bye, D.D.S., M.S.

Diplomate, American Board of Periodontology • Diplomate, International Congress of Oral Implantologists

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www.periodonticsandimplants.com

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:

WELCOME TO OUR PRACTICE.

We are dedicated to restoring optimal health for our patients through wellness and rejuvenation by providing a compassionate, individualized approach while utilizing the most advanced treatment available.

The initial visit will consist of a complete diagnostic evaluation. Depending on the nature of your specific situation, you may also have a treatment consultation at the same appointment. If a second appointment is necessary, we will schedule this usually within the next two weeks of your first appointment. This will allow us to fully evaluate your problems, consult with your referring doctor (s) and plan your ideal treatment.

A parent or legal guardian must accompany unmarried patients under eighteen (18) years of age at the time of the initial consult.

Please bring all pertinent medical information and a list of all medication you are currently taking.



THE
Bye CENTER FOR
IMPLANTS & PERIODONTICS

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