Lowell Street
Periodontal & Implant Surgery

GREGORY MONTGOMERY, DDS, MSD
Specializing in Periodontology & Implants
www.LowellStreetCenter.com
Info@LowellStreetCenter.com
P (360) 692-0300 | F (360) 698-2988

Today's Date: _____

Referring Doctor: _____ Office Phone: _____

Patient's Name: _____ DOB: _____

Phone (Cell): _____ Phone (Home): _____

Patient's Email: _____

Insurance: ☐ Yes ☐ No Company: _____ ID#: _____

Subscriber: _____ DOB: _____

☐ Implant(s) #_____ ☐ *Straumann* ☐ *Nobel*
☐ Crown Lengthening #_____
☐ Laser
☐ Gingival Graft(s) #____
☐ Extraction/Bone Graft #____
☐ Ridge Augmentation
☐ Full Arch Replacement (AO4)
☐ Cosmetic Gingival Contouring
☐ Frenectomy
☐ Impacted Tooth Exposure
☐ PAOO
☐ Periodontal Disease
☐ Limited Periodontal Exam #____
☐ Peri-Implantitis
☐ Perioscope
☐ Guided Biofilm Therapy

(R)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	(L)
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Location and nature of problem: _____

_____

_____

Please Include Diagnostic Documentation:	***Desired Referral Outcome:***
☐ Full-mouth radiograph (dated)	☐ Diagnosis and treatment at Lowell Street Center
☐ Periodontal Charting (dated)	☐ Diagnosis and alternating office treatment
	☐ Diagnosis only
	☐ Call referring doctor prior to treatment

☐ Extraction/Bone Graft – Teeth #: _____

In preparation for: ☐ Implant ☐ Bridge ☐ Denture

☐ Implant Evaluation

Area to be restored with implants: _____

Types of restorations planned: _____

☐ Has patient been seen in our office before: ☐ Yes ☐ No

☐ Special Comments: _____

Lowell Street
Periodontal & Implant Surgery

3594 NW Lowell Street

Silverdale, WA 98383