



FAIRFAX PERIODONTAL GROUP

PERIODONTICS AND DENTAL IMPLANTS

Patient Name: _____

Date: _____

Referred By: _____

Office Number: _____

Khalid M. Choudhary DDS, MS
Diplomate American Board of
Periodontology

Joan A. Howanitz, DDS, MS
Diplomate American Board of
Periodontology

8260 Willow Oaks Corp Drive
Suite 525
Fairfax, VA 22031

P 703.639.0245
www.fairfaxperiodontist.com
contact@fairfaxperiodontist.com

Procedures | Consultation Requested

- ☐ Comprehensive Periodontal Evaluation
- ☐ Localized Evaluation # (s) _____
- ☐ Implant Therapy # (s) _____
- ☐ Crown Lengthening # (s) _____
- ☐ Soft Tissue Grafting # (s) _____
- ☐ Sinus/Ridge Augmentation# (s) _____
- ☐ Extraction # (s) _____
- ☐ 3D Imaging # (s) _____
- ☐ All-on-Four/Six Therapy - ☐ Upper ☐ Lower

Radiographs:

- ☐ We are sending available radiographs
- ☐ Patient is bringing radiographs to appointment
- ☐ No recent radiographs available

Communication:

- ☐ Please call me regarding this patient
 - ☐ Before evaluation
 - ☐ After evaluation
- ☐ No need to call - written correspondence will suffice

Implant System Preference:

- ☐ Nobel Biocare ☐ BioHorizons
- ☐ Zimmer

Special Instructions

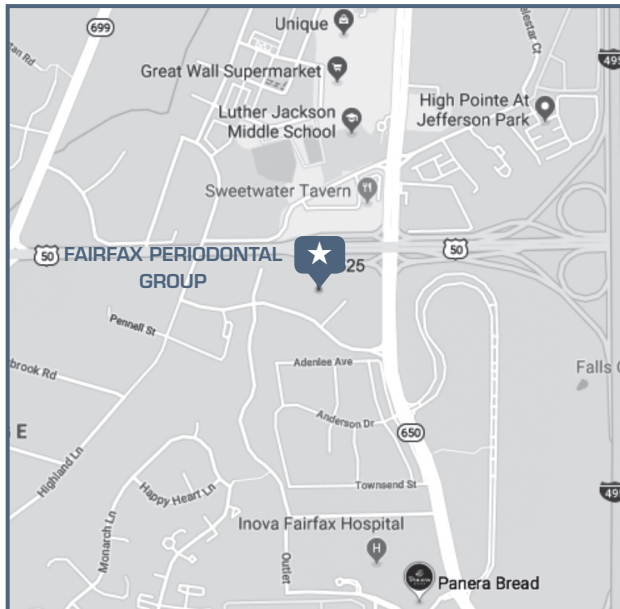
Consultation

Please assist us on the day of your consultation appointment by providing the following:

- Referral
- List of medications you are currently taking
- Dental insurance forms | cards
- Any relevant radiograph x-rays and CT scans

Thank you for choosing Fairfax Periodontal Group for your periodontal and dental implant needs.

Our goal is to provide the highest quality of care in a state of the art environment that is both caring and informative.



Notes _____
