



Ann Marie Adornato, DMD, MSD
Comfort • Confidence • Predictability

Practice Limited to **Periodontics • Dental Implant Care**
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Introducing: _____

Patient Phone Number: _____

PLEASE EVALUATE FOR THE FOLLOWING TEETH OR MISSING TEETH:

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

- FOR A DENTAL IMPLANT PLACEMENT
- FOR AN *IMMEDIATE* DENTAL IMPLANT PLACEMENT FOLLOWING TOOTH LOSS
- EXTRACTION FOLLOWED BY DENTAL IMPLANT PLACEMENT
- YOUR DENTAL IMPLANT *SMILE ENHANCEMENT PROGRAM*
- GROWING BONE FOR SUCCESSFUL DENTAL IMPLANT PLACEMENT
- COMPREHENSIVE OR LIMITED PERIODONTAL EVALUATION

Referring Dentist: _____ Date: _____
