

Dental Implant Referral Form

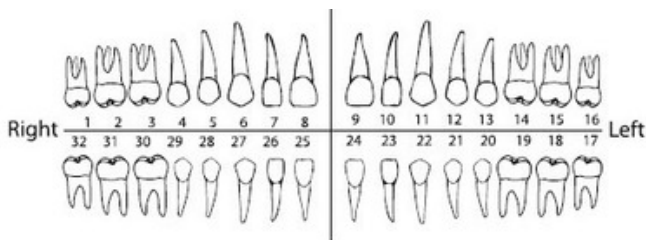
Introducing: _____ Date: _____

Patient Phone: _____ Email: _____

Proposed Implant Treatment: Fixed Implant Removable Hybrid
 Orthodontic Implants Immediate Load

Proposed Grafting: Soft Tissue Grafting Bone Augmentation
 Sinus Lift

Specifics: _____



Site # _____

Please mark proposed extraction and/or implant site

Preferred Implant:

- Nobel Straumann
 Other _____

Surgical Guide Provided:

- Yes No

Call before starting treatment

Prosthetics:

Tissue Emergence:

- __ Immediate Provisional
__ Custom Healing Abutment
__ Stock Healing Abutment
__ Cover screw only

Final Abutment:

Please indicate prosthetic plan and how we can help (torque abutments etc...):

Referred by Doctor: _____ (please FAX to: 949-240-2619)

Send more referral slips