The Dental Implant Center

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Diplomate, American Board of Periodontology
Certified in Periodontal and Dental Implant Surgery

Introducing: _____ Referred by Dr. _____

Date of Birth: ____ /___ /____

Phone Number: _____ Date of Referral: ___ /___ / ___

Reason For Referral

Dental Implants

- ☐ Consultation
- ☐ Implant Placement
- ☐ Extraction / Immediate Implant Placement
- ☐ Ridge Augmentation
- ☐ Sinus Augmentation
- ☐ All-On-X (EasyArch)

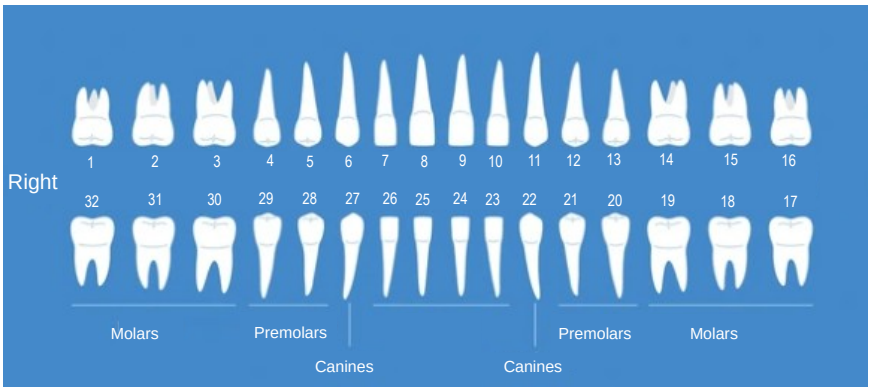
Preferred Implant Brand:

_____

☐ *Request intra-oral scan after implant integration – STL files will be securely forwarded to you.*

Other Treatment

- ☐ Impacted Wisdom Teeth Extraction
- ☐ IV Sedation
- ☐ Laser Periodontal Therapy (LANAP)
- ☐ Surgical Extraction
- ☐ Pinhole Surgery (Recession treatment)



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Comments

Scan QR Code for Google Maps Directions

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