



The Dental Implant Center

Ahmed El-Halaby, DDS, MSD

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

Introducing: _____

Referred by Dr. _____

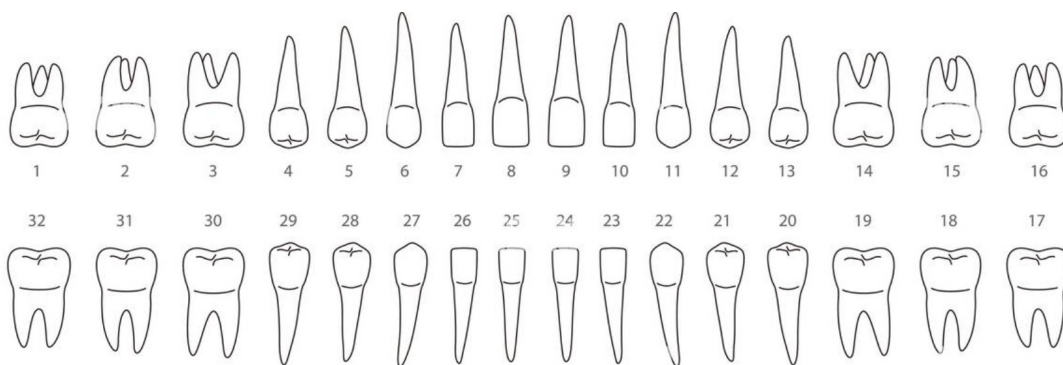
Date of Birth: ____/____/____

Phone Number: _____

Date of Referral: ____/____/____

Surgical Extraction Referral Form

Right



Left

Teeth To Be Extracted: _____

Comments: _____

- ☐ IV Sedation Requested (Email us to request IV Pre-Op Instructions)
- ☐ Medical Considerations that Require Discussion Prior to Surgery
- ☐ Insurance Considerations (please ask patient or guardian to call office to discuss)
- ☐ Recent X-Rays emailed to info@TDICenter.com (panoramic, within 12 months preferred)

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