

PATIENT NAME: _____

PATIENT PHONE: _____ PATIENT DOB: _____

PATIENT EMAIL: _____

RADIOGRAPHS: PLEASE TAKE WITH PATIENT EMAILED

REASON FOR REQUEST:

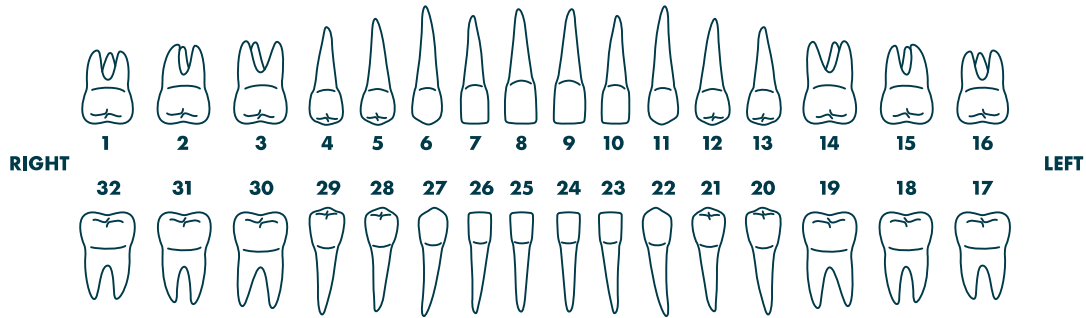
UPPER

- FULL ARCH IMPLANT BRIDGE
- IMMEDIATE COMPLETE DENTURE
- COMPLETE DENTURE

LOWER

- FULL ARCH IMPLANT BRIDGE
- IMMEDIATE OVERDENTURE
- OVERDENTURE

SINGLE TOOTH IMPLANT(S) IMPLANT BRIDGE(S)



REFERRING DOCTOR: _____

DOCTOR'S PHONE: _____ DATE: _____

NOTES: _____



DENTAL IMPLANT CENTER



Information for First Visit:

- Please bring all x-rays, this referral slip, pertinent medical information and a list of ALL medications you are currently taking.
- Please bring you government issued photo ID.
- A parent/legal guardian must accompany any patient under 18 years at the time of the consultation and following surgery.
- If a power of attorney has been appointed, they must attend the initial appointment and bring all related paperwork.

Please call our office if you have any questions: 919-205-1938

[smile solution.com](http://smilesolution.com)