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[implantwide.com](http://implantwide.com)

# IMPLANTWIDE

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## Popular Services Provided

- Δ Comprehensive periodontics
- Δ Dental implants
- Δ All on 4, 6, X
- Δ Laser gum treatment
- Δ Zirconia implants

## REFERRAL FORM

From: Dr. \_\_\_\_\_ Date \_\_\_\_\_

Patient Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Requires Premedication:  Yes  No Drug Allergies: \_\_\_\_\_

### Reason for Referral:

- \_\_\_\_\_ Comprehensive Periodontal Evaluation \_\_\_\_\_
- \_\_\_\_\_ Localized Periodontal Evaluation # \_\_\_\_\_
- \_\_\_\_\_ Gingival Recession/Root Coverage # \_\_\_\_\_
- \_\_\_\_\_ Call Doctor before/after examining patient \_\_\_\_\_

- \_\_\_\_\_ Contact patient after \_\_\_\_\_ days
- \_\_\_\_\_ Implant Consultation # \_\_\_\_\_
- \_\_\_\_\_ Crown Lengthening # \_\_\_\_\_
- \_\_\_\_\_ Emergency \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

### Radiographs: (please circle the appropriate)

- \_\_\_\_\_ Take FMX/send copy to me
- \_\_\_\_\_ I am mailing FMX/pano/individual periapicals

- \_\_\_\_\_ Patient bringing FMX/pano/individual periapicals
- \_\_\_\_\_ Please duplicate & return my X-rays
- \_\_\_\_\_ FMX / PAN - taken on \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Restorative Treatment Plans include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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*We look forward to working together to serve our mutual patients.*

*Dr. G @ Dr. M*

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ONLINE FORM

