

Implant Referral

Please complete this form and fax it to 909.469.8650. Please contact The Dental Center for an appointment at 909.706.3910.
We must have this form BEFORE we can schedule an appointment. The first implant consultation cost is \$90.00.

PATIENT INFORMATION

Patient's Name *(Please print)* _____

Patient Date of Birth _____

Patient Primary Telephone/Mobile Number _____

Other Telephone/Mobile Number _____

REFERRING DOCTOR

Doctor's Name *(Please print)* _____

Practice Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

Email _____

RELEVANT CLINICAL INFORMATION

Please Indicate Teeth Number/Area(s) for Implant Evaluation:

Consultation Only

Implant Placement and Restoration

Implant Retained Complete Denture (Maxilla/Mandible)

Date of Last Dental Exam/Cleaning: _____

Are there Additional Restorative Treatment Needs? Yes No

If Yes, please list restorative treatment plan:

Other pertinent information and/or comments:

DOCTOR SIGNATURE, DATE AND FAX REQUIRED

Dr. _____

Date: _____

Fax: _____