

## 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 \$167 to \$207

**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: \_\_\_\_\_