

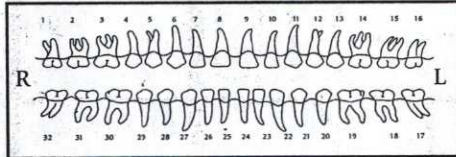


# DENTAL IMPLANT SOLUTIONS

I am referring: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle area to be restored



- Radiographs enclosed
- Please take pano/CT scan
- Return originals

Please call:     Before consultation     After consultation     Call not needed

- Comprehensive implant therapy
- Limited treatment

**SURGICAL:**

- Implant placement
- \_\_\_\_\_

- Extractions
- \_\_\_\_\_

- Grafting
- \_\_\_\_\_

**PROSTHODONTIC:**

- Restore existing implants
- \_\_\_\_\_

- Restore implants to be placed
- \_\_\_\_\_

- Replace existing implant restoration
- \_\_\_\_\_

- Neoss     Nobel active     Nobel replace

**IMPLANT ALLIANCE PATIENT**

- Fixed Bridge     Locators     Bar overdenture     Maxilla     Mandible

Notes \_\_\_\_\_

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