

## PATIENT REFERRAL

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

INTRODUCING \_\_\_\_\_ PHONE # \_\_\_\_\_

REFERRED BY DR. \_\_\_\_\_ PHONE # \_\_\_\_\_

APPOINTMENT DATE \_\_\_\_\_ TIME \_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Implant                         | <input type="checkbox"/> Full Periodontal Evaluation | <input type="checkbox"/> Biopsy / Oral Lesion |
| <input type="checkbox"/> Extraction & Ridge Preservation | <input type="checkbox"/> Crown Lengthening           | <input type="checkbox"/> Tooth Exposure       |
| <input type="checkbox"/> GBR / Bone Grafting             | <input type="checkbox"/> Extractions                 | <input type="checkbox"/> TAD Placement        |
| <input type="checkbox"/> Sinus Lift                      | <input type="checkbox"/> Frenectomy                  | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> Gingival Grafts                 |  | _____   |

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please call before proceeding with treatment       I have sent radiographs for your evaluation

DIRECTIONS HEADED WEST:

From I-90 west, take exit 280B  
Right on W 3rd Ave  
Right on S Stevens St. Left on 6th.

DIRECTIONS HEADED EAST:

From I-90 East, take exit 280  
Continue Straight on 4th Ave  
Turn right onto S Stevens St.  
Left on 6th

PARKING:

- Free Parking at building between Washinton and Bernard
- Paid Parking in lot off of 6th between Stevens and Washington

