



**REFERRAL FOR IMPLANT CONSULTATION AND TREATMENT**

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

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

**Referred For:**

- Single tooth replacement – tooth number(s): \_\_\_\_\_
  - And assess for immediate loading with transitional attachment & crown
- Multi-tooth replacement – tooth number(s): \_\_\_\_\_
  - And assess for immediate loading with transitional attachments & crowns or bridge
- Full Arch Implant Restoration
  - And assess for immediate loading with transitional prosthesis
- Ridge augmentation procedure(s)
- Sinus elevation/grafting procedure(s)
- Stabilization of conventional denture
  - Assess for immediate placement/loading

**Comments:**

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Radiographs included?       Panorex       Periapicals       CBCT

**Referred by Dr.:** \_\_\_\_\_

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

- Please refer back to my office for the completion of the final prosthetic(s) on the implant(s)
- Please complete the final prosthetic(s) on the implant(s)
- Please call about this case following consultation



**Cleveland**  

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**IMPLANT INSTITUTE**

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