

Referral Form

Introducing: _____ **Phone:** _____

Today's Date: _____ **Appointment Date:** _____ **Time:** _____

We are referring for: Surgery Only Restorative Only Everything Other

Radiographs / images: Emailed to info@revivedental.com Don't have any

Periodontal Treatment / Surgery

- Dental Implant Placement
 - Hybrid / All-On-X
 - Crowns and/or Bridges
 - Overdenture
- Extraction and Graft
- Sinus Augmentation
- Ridge Augmentation
- Soft Tissue Grafting
- Crown Lengthening
- Canine Exposure
- Other (see comments)

Prosthodontics

- Hybrid / All-On-X
- Overdenture
- Denture
- Immediate Denture
- Partial Removable Denture
- Full Mouth Reconstruction
- Cosmetic Reconstruction
- Crowns and/or Bridges
- Other (see comments)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Maxillary
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	Mandibular

Comments: _____

Referred by Dr: _____ **Practice Email:** _____

Practice Name: _____ **Practice Number:** _____