

NIGUEL COAST

ORAL & FACIAL SURGERY

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Treatment Request

Patient Information

Name: _____ **Phone:** _____

Email: _____ **Date:** _____

Extractions Site# _____

Wisdom Teeth

Implants Site# _____

Full Arch Case

Type of Implant

Bone Level Straumann
 Tissue Level Nobel

Interim Prosthesis

Flipper Immediate Provisional
 Essix NONE

Other:

Jaw Surgery Bone Grafting
 Nerve Repair Expose & Bond
 TMJ Eval Lesion Eval

Restorative planning:

Intraoral Scan (IOS)
 Lab: _____
 -OR-
 Provide Impression Post and Analog
 Request Stock Abutment Placement

Radiographs:

Panorex Will Be Sent
 CBCT Requested

Comments: _____

Send more referral slips

Referred by Doctor: _____