

Specialty Case Referral- Implant Mechanical Rescue

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Patient's Name _____

Patient's cell phone number _____

Patient's EMAIL Address _____

Referral Date _____

REFERRING Doctor's Information:

Who is responsible for our FEES? Dentist Patient

Name _____

Email Address _____

Phone Number _____

Current x-ray emailed to info@mastrovichdental.com

IMPLANT Information:

Implant Placement DOCTOR'S Information:

Implant Location (tooth replaced): # _____

(if same as referring doctor, please note 'same')

Original *Implant* Placement Date _____

Name _____

Implant System/Brand _____

Phone Number _____

Implant /Abutment Interface _____

Email Address _____

ABUTMENT Information:

Restorative DOCTOR'S Information:

Original *Restorative* Placement Date _____

(if same as referring doctor, please note 'same')

Abutment Material _____

Name _____

Lab Who Processed _____

Phone Number _____

Email Address _____

PROBLEM summary:

Efforts to resolve:

Efforts by:

INSTRUMENTATION used (mark all that apply): Implant manufacture guidance tools? Retrieval tools?
 Cavitron? Ultrasonic? Instrumentation? Rotary instrument? High speed? Slow speed?

GOAL in Your Office, after IMR retrieval:

Loose or displaced parts? (crown/ abutment/ screw fragments)? Who has LOOSE PARTS? Doctor Patient
Dr. Mastrovich may need to physically examine them before the appointment.

Restoring doctor will be providing HEALING ABUTMENT? Yes No (In the absence of provided healing abutment,
Dr. Mastrovich places silicon for tissue support until the referring doctor can see patient for next visit.)