Specialty Implant Case Referral

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Patient Information:

Patient's Name

Patient's contact info

Referral Source

Date

Referring Doctor's Information:

Name

Office Contact/ Rep

Phone Number

Email Address

Restorative/ Surgeon Information:

Name

Phone Number

Email Address

Implant Information:

Implant Location/Size and Type

Abutment Type and Lab Who Processed

Abutment Mfg. Size and Type

Original Implant Placement Date and Restorative Date

Please include a brief synopsis of the situation and what efforts were made and by whom to resolve this case. (The number of attempts and instrumentation, if any, to resolve this case).

I greatly appreciate the confidence and support you express when you entrust your patients to my care. Please call at any time if you have questions or concerns. Please email an x-ray for this case to: info@mastrovichdental.com. Your contact at our office is: Debra Jenkins, OfficeManager.

Charles A. Mastrovich D.D.S.