



Dental Implant Referral Form

18800 Main Street, Suite 205, Huntington Beach, CA 92648, Tel: (714) 841-4954 Fax: (714) 841-4964

1801 Newport Boulevard Suite C, Costa Mesa, CA 92627, Tel: (949) 515-4935 Fax: (949) 515-4981

Patient Name (Last/First)	Appointment Date	Appointment Time

Please Evaluate the Patient For:

- Dental Implants
- Tooth Extractions
- Site Development/Regenerative
- Evaluate for Immediate Loading Option

Patient Radiographs

- Provide New
- Patient Will Bring
- Emailed to office (Date)
- Mailed on (Date)

Restorative Plans

- Implant Crown/Bridge
- Full Arch Replacement
- Implant Retained Overdenture

Prosthetic Options

- Place a Final Stock Abutment
- Place a Flared Healing Abutment Only
- Place a Non-Flared Healing Abutment Only
- Provide Fixture Level Impression Parts
 - ___ Open Tray Technique
 - ___ Closed Tray Technique
- Provide Custom Abutment Certificate for Haupt Dental Lab
- Discuss with Dr. Berrios
- Other

Immediate Loading

- Take Impression at the Time of Surgery for Immediate Provisional
- Delayed Loading Only
- Discuss with Dr. Berrios

Case Notes:

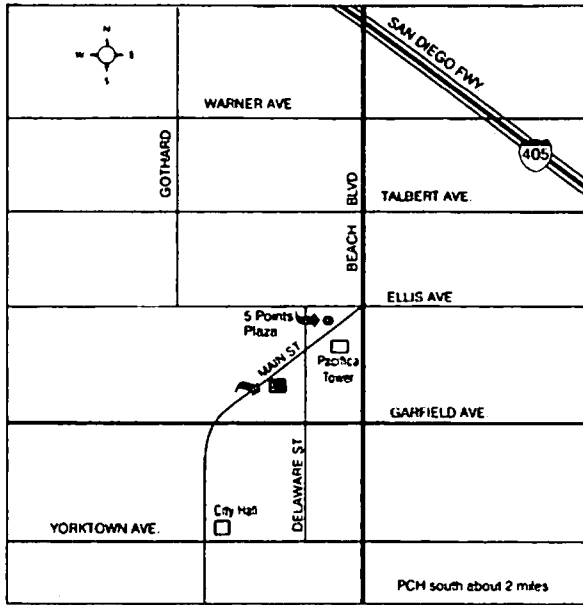
Remove Teeth:

A B C D E								F G H I J							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Right								Left							
32 31 30 29 28 27 26 25								24 23 22 21 20 19 18 17							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T S R Q P								O N M L K							

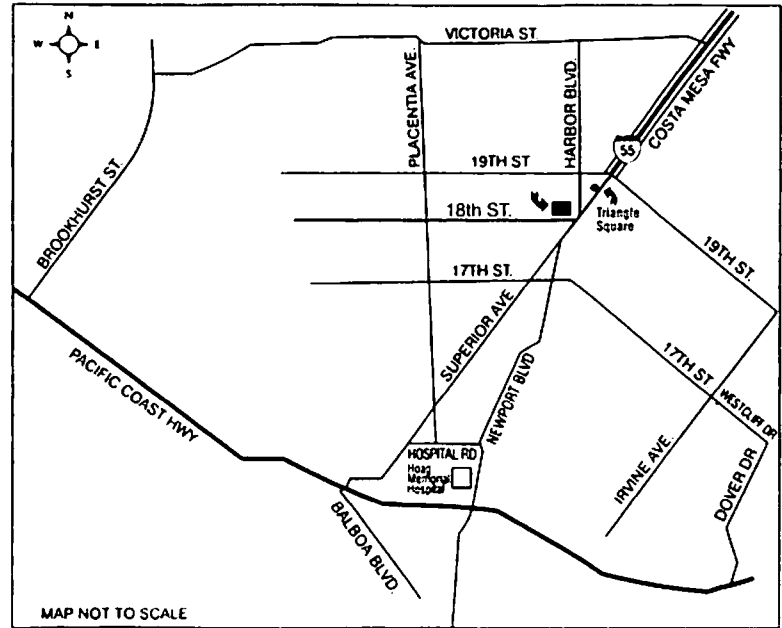
Please Bring This Referral Slip to Your Appointment

Referral Issued By:

Date:



1880 Main Street, Suite 205
 Huntington Beach, CA 92648
 714-841-4954



1801 Newport Boulevard, Suite C
 Costa Mesa, CA 92627
 949-515-4935

FOR THOSE PLANNING SEDATION OR GENERAL ANESTHESIA:

1. Minors must be accompanied by parent or have written consent.
2. Please do not eat or drink anything including water, for at least (6) six hours before surgery.
3. Please wear short sleeve blouse or shirt.
4. Bring the name of any medicine you take with you.
5. No surgery will be performed unless driver is present.

A responsible adult must accompany and stay with you to take you home after surgery.