



Referral Date: _____

Patient Name: _____ Patient Phone Number: _____

Is Patient a Minor?: Yes No RCOMS Should Contact the Patient Patient Will Contact RCOMS

Referred By: _____ Referral Phone Number: _____

Referred for:

Extraction of all four wisdom teeth #1, 16, 17, & 32 Extraction of: _____ Expose and bond:

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

A	B	C	D	E	F	G	H	I	J
T	S	R	Q	P	O	N	M	L	K

Pathology evaluation of: _____

Orthognathic surgery evaluation: _____

Implants:

Implant placement at site number(s): _____

Single tooth implant(s) Implant Bridge Implant Overdenture Implant Supported Full Arch

Please place: Straumann implant Nobel implant NeoDent implant

Please send patient back with:

cover screw (implant buried) healing abutment stock final abutment

If final abutment, do you prefer a screw retained or cement retained crown?

Other/Notes: _____

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