

Comments:

Reason for refe	louth Radiographerral:	Tivanaoic
		☐ Emergency Problem
🖵 Implai	nt Evaluation	☐ Gingival Augmenta
Isolate	ed Procedure	☐ Crown Lengthening
	☐ CT Scan	(I-CAT)
Abutments w	vill be included w	ith implants.
u have specific	restorative plans	P □ No □ Yes

Date

Referred by Dr. ____

☐ Please call before exam ☐ Please call after exam

Give White Copy to Patient • Keep Canary Copy for Referring Doctor • Mail Manila Card to Dr. Withers