



Implant Referral Form

Date: _____

(Referred Doctor)

This letter is to introduce to you _____ for consultation and care at your office.

Radiographic copies enclosed: Periapical Full-mouth series Panoramic

Diagnostic models: yes no

Photos: yes no

Planned definitive restoration:

Treatment recommendations and requests are:

Extractions: Site augmentation: yes no

Bone grafting / augmentation:

Other:

Implant placement:

Manufacturer/System:

Location of implants:

Implant attachments (type, size):

Placement of implant abutments for restoration: yes no by: _____

Surgical guide: yes no by: _____

Please return guide after use

Please note: When placing the implants as requested, if the surgical site is found unacceptable for implant placement, I would request that you **contact me** at the numbers below to discuss the case **prior** to **any** alternate site selection. If for some reason you are unable to contact me at that time, please augment the site as necessary to make it acceptable for implant placement in the requested location. Place the implant in that site after the graft has healed.

Please call me to discuss any questions or concerns that you might have.

Sincerely,

Karl K. Wirtz, D.D.S. Office: (623) 544-0700 Cell: (602) 717-6140

Karl K. Wirtz, D.D.S., P.C.