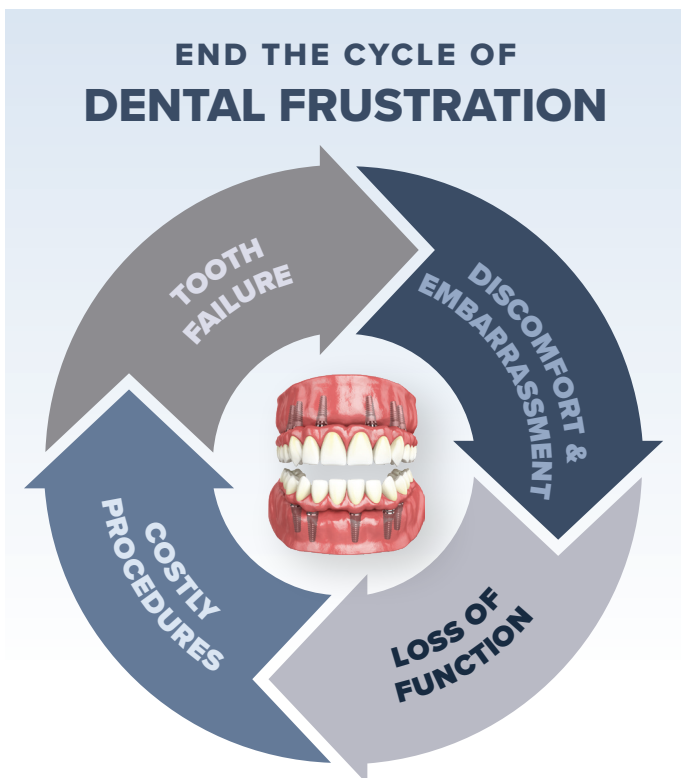




DOCTOR REFERRAL FORM

Hybridge Implants & Smile Restoration is a trusted partner for full-arch implant solutions. Our experienced team of renowned dentists, supported by our state-of-the-art dental laboratory, provides custom restorations that replace all-natural teeth. Hybridge offers a permanent solution for long-lasting, confident smiles, enabling you to eat, smile, and live life to the fullest. In our four step process, patients leave with a beautiful new temporary smile on the same day as their surgery. Our innovative full-arch restorations feature a custom-crafted set of 12 teeth supported by permanent titanium dental implants, whether on the upper jaw, lower jaw, or for a full mouth restoration. This provides an authentic-looking, natural-feeling, and functional smile.



Hybridge Dental Implant Center Locations

☐ Buffalo

31 Hopkins Road • Buffalo, NY 14221 • (716) 303-3435

Hours: Mon-Thu: 8AM-5PM, Fri: 8AM-2PM, Sat/Sun: CLOSED

buffalo@hybridgeimplants.com

☐ Rochester

1960 S Clinton Ave • Rochester, NY 14618 • (585) 440-3173

Hours: Mon-Thu: 8AM-5PM, Fri: 8AM-3PM, Sat/Sun: CLOSED

rochester@hybridgeimplants.com

To be completed by referring Doctor:

Patient Name: _____

Referring Doctor Name: _____

Referring Practice: _____

Practice Phone Number: _____

How long have they been your Patient? _____

Chief complaint of the Patient? _____

Do you need to consult one of our clinical directors about the patient prior to our consultation with them?

☐ Yes ☐ No

Please attach the most recent x-rays if dated within the year. If none are available, we will take a panoramic X-ray and forward it to you.