HYBRIDGE | DENTAL IMPLANTS

Patient Referral · Syracuse

1 Referring Practice

Doctor _____ Practice _____

Phone _____ Email _____

2 Patient & Treatment

Introducing _____ Date _____

Patient Phone _____ Appointment Date _____

REASON FOR REFERRAL

- ☐ Implant or Missing-Tooth Evaluation
- ☐ Full-Arch Reconstruction / Hybridge Evaluation
- ☐ Advanced Restorative & Cosmetic Evaluation
- ☐ Failing Teeth or Complex Dental Problems
- ☐ Failing Implants or Peri-Implantitis
- ☐ Specific Procedure Requested / Other _____

RESTORATIVE CARE

- ☐ Hybridge to Provide Comprehensive Surgical & Restorative Care (Our Standard Approach)
- ☐ Referring Dentist Requests to Provide Final Restoration

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

3 X-Rays, Requests & Comments

X-Rays Sent: ☐ FMX ☐ Pano ☐ CBCT

- ☐ No X-Rays in Past Year
- ☐ Call Me Before Consultation
- ☐ Call Me After Consultation

Send X-Rays to: **syracuse@hybridgeimplants.com**

Comments _____

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Care That Starts with Making Sense. Clear Answers, Honest Options, Lasting Results.

Hybridge Dental Implants – Syracuse

4311 E. Genesee St., Syracuse, NY 13214 · **(315) 888-5682**

Also serving patients in Rochester (585) 515-3911 · Buffalo (716) 402-7050