



Date: _____

Referred By: _____

Patient Name: _____

Patient's Tel.: _____

Practice: _____

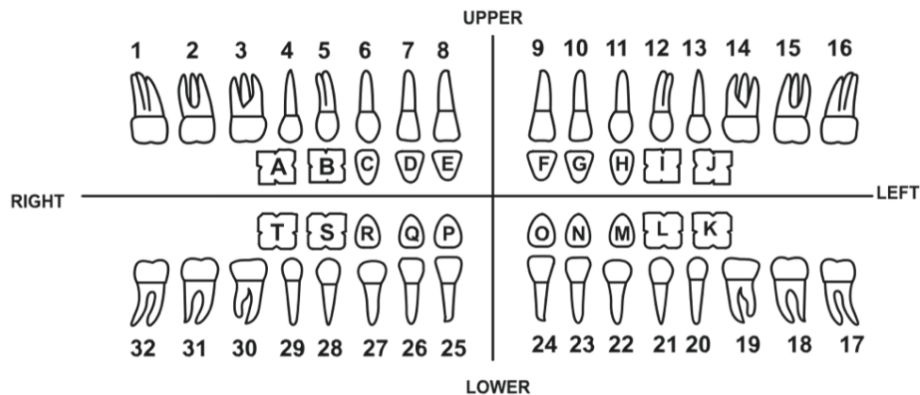
Your Email: _____

Patient is being referred for:

Treatment requested

- | | |
|---|---|
| ☐ Single implant | ☐ Bone graft |
| ☐ Implant bridge | ☐ Sinus lift |
| ☐ Full-arch / All-on-X | ☐ Surgical extraction |
| ☐ Snap-on overdenture | ☐ Failing / ailing implant |

Mark the tooth or teeth involved



Notes

- ☐ Patient may need IV sedation ☐ Urgent - patient in pain

Relevant medical history

Blood thinners, bisphosphonates, diabetes, smoking, etc.

Imaging: ☐ Patient will bring ☐ Emailed to us ☐ None - please take your own

Please contact me: ☐ Before treatment begins ☐ After the consultation ☐ Report only, no call needed

Referring doctor signature: _____

Date: _____

Before you come in

- Bring this referral slip, any recent x-rays, a photo ID, and your insurance card.
- Bring a list of any medications you take, including blood thinners.
- Minors must be accompanied by a parent or legal guardian.
- Please give us 24 hours notice if you need to cancel or reschedule.

If you are having IV sedation

- **No food or drink for eight (8) hours before your appointment.**
- Wear short sleeves and loose, comfortable clothing.
- An adult must drive you home and stay with you afterwards.
- We cannot release you to a taxi or rideshare on your own.

What to expect at your first visit

- A 3D CBCT scan of your jaw, taken here.
- A conversation with Dr. R.J. about what you want.
- A written treatment plan with costs, itemised.
- No decisions are required on the day.

Office Hours

Monday - Friday	8:00 AM - 5:00 PM
Saturday	Closed
Sunday	Closed

Restore Dental Implant Studio

8945 W Russell Rd #320, Las Vegas, NV 89148

(725) 255-3055