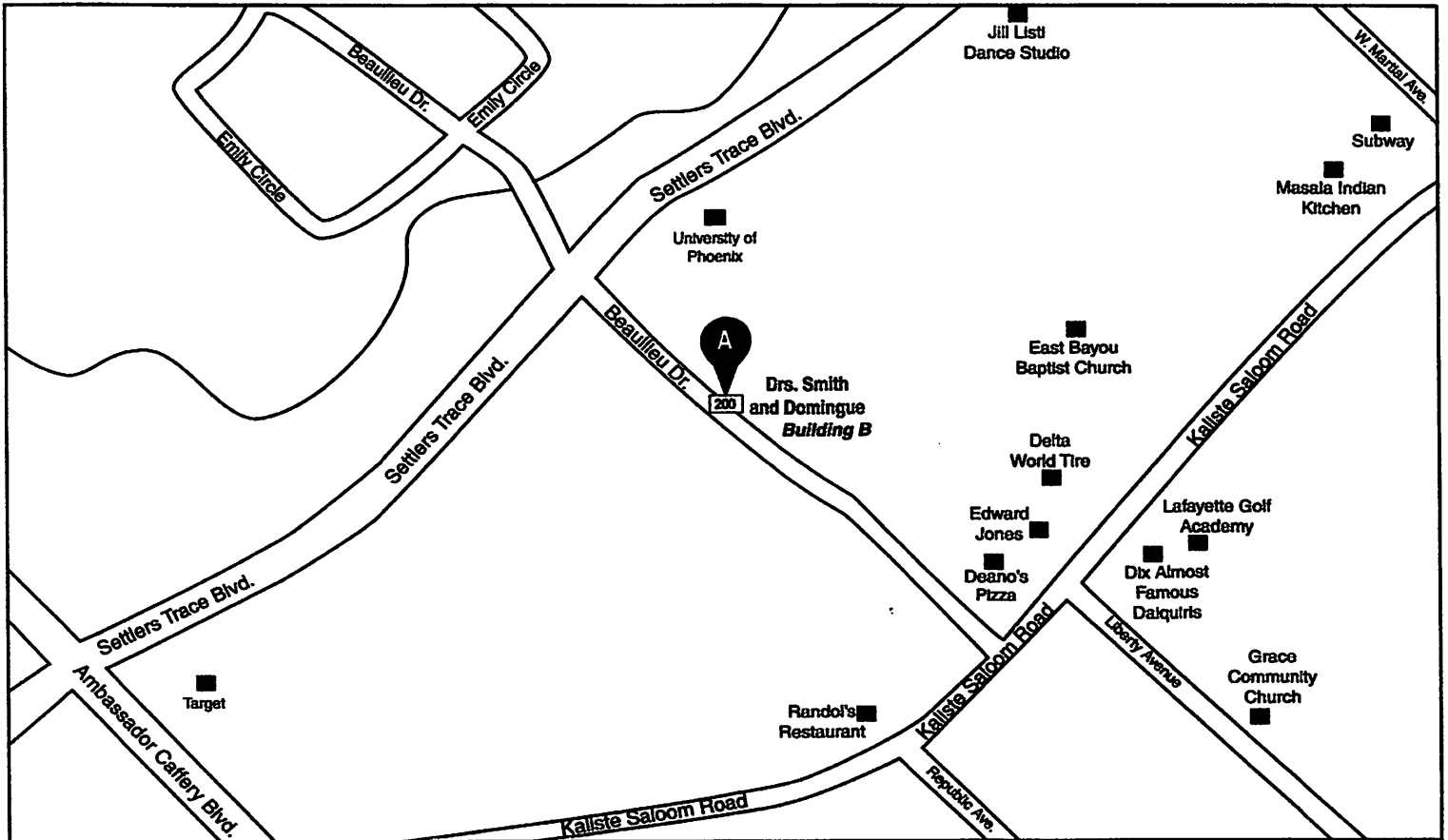


Zoomed In View



# DENTAL IMPLANT REFERRAL

**J. Jerome Smith, DDS  
Daniel Domingue, DDS  
200 Beaulieu Drive, Building 2  
Lafayette, LA 70508**

**Phone: 337-235-1523  
Toll Free 1-800-250-3072  
Fax: 337-235-0699**

Patient: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Referring Dr. \_\_\_\_\_

Patient Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Patient Concerns: \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

Implant Consultation       Cone Beam CT Scan       Patient Requests Sedation

Bone Grafting      Area of Concern \_\_\_\_\_

Soft Tissue Grafting:      Autogenous or Alloderm      Area of Concern \_\_\_\_\_

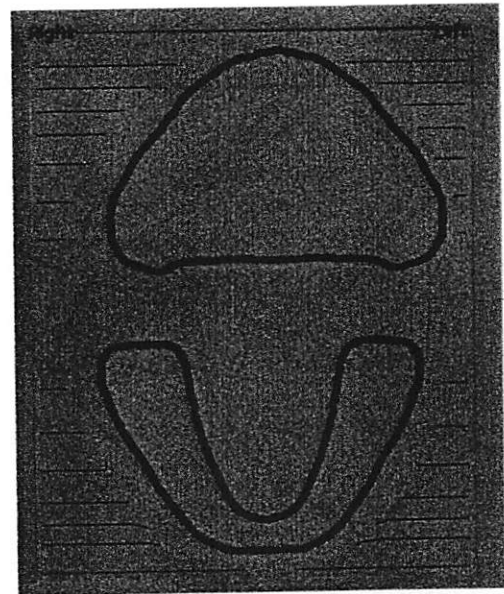
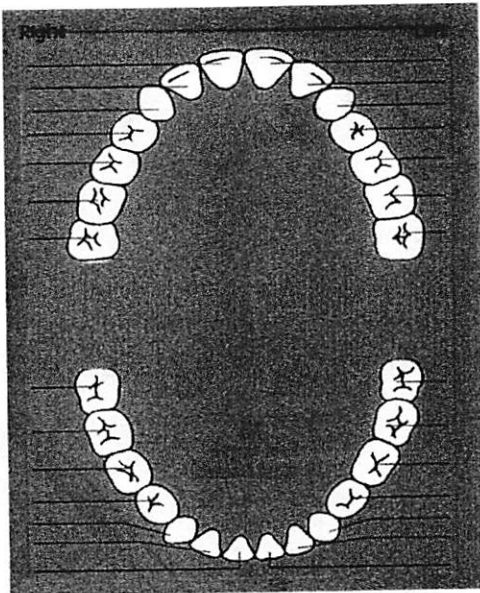
Desired Type of Final Restoration(s) for Consideration in this case: \_\_\_\_\_

Single Unit(s)       Implant Bridge(s)       Implant Supported Denture(s)       Hybrid(s)       Full Fixed

Restorative Work to be Done by \_\_\_\_\_

Site(s) for possible implant placement considerations: \_\_\_\_\_

- Implant(s) Placement Only
- Implant(s) Placement returned with Abutment in Place
  - Custom Milled Titanium Abutment
  - Custom Milled All Ceramic Abutment (Zirconia)



- Please call before the patient's initial appointment to discuss.
- Please call before consultation and treatment presentation.
- I would like to be present for the consult with the patient.
- I would like to be present for the patient's surgery.
- I am enclosing the patient's radiographs;  models.
- I am mailing the patient's radiographs;  models.
- Please email patient information to [newpatient@jeromesmithdds.com](mailto:newpatient@jeromesmithdds.com)

**(Map is on the back)**