CALAPOOIA
Family Dental
Brian R Summers, DMD, PhD
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Family, Implant, and Hospital Dentistry
1070 24th Ave SW • Albany, OR 97321

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DATE: _____

INTRODUCING: _____

PATIENTS PHONE NUMBER: _____

REFERRED BY: _____

APPOINTMENT: ____/____/____ AT ____:____ AM PM FOR:

- ❑ SLEEP APNEA
- ❑ TMJ CONSULTATION
- ❑ SEDATION DENTISTRY CONSULTATION
- ❑ IMPLANT/ALL-ON-4®
- ❑ HOSPITAL DENTISTRY CONSULTATION
- ❑ OTHER: _____

MOST RECENT RADIOGRAPH OF AREA:

DATE: _____ TYPE OF X-RAY: _____

❑ E-MAILED ❑ SENT WITH PATIENT

COMMENTS:

_____

_____

_____

_____

AREA OF CONCERN: ❑ EDENTULOUS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

DENTAL OFFICE: PLEASE EMAIL OR FAX A COPY OF THIS REFERRAL SLIP TO OUR OFFICE

THANK YOU!

MAP ON REVERSE

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