iSmile Specialists

Braces Implants Gum Restoration

Patient Referral Form

Today's Date: _____

Patient Name: _____ D.O.B.: _____

Patient Cell Phone: _____ Patient Home Phone: _____ Patient Email: _____

Referring Doctor, Office Name & Phone Number: _____

Office Email: _____ DDS Email _____ RDH Email _____ (we send follow up info)

Referral to: ☐ iSmile Ortho, Dr. Thompson ☐ iSmile Perio, Dr. Changi ☐ iSmile Surgery, Dr Alakailly

iSmile Ortho

You Smile, We Smile at iSmile Ortho

Dental History:

- ☐ Date of Last Cleaning and Checkup: _____
- ☐ Panoramic Radiograph Available
- ☐ Restorative Work Needed or Scheduled: _____

Areas of Concern (please mark the tooth chart below and check all that apply):

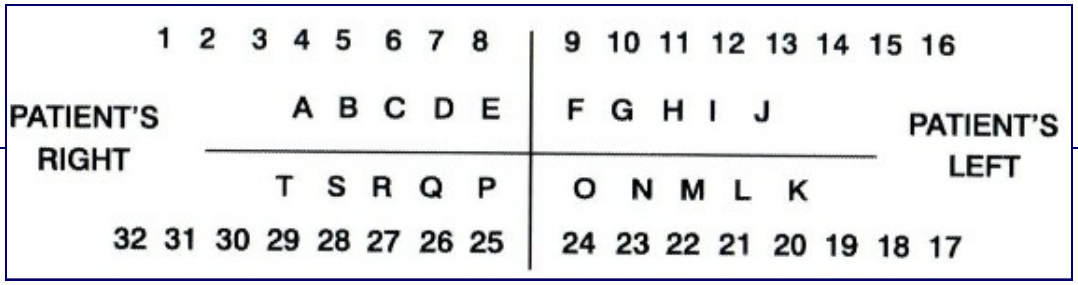
☐ Crowding ☐ Spacing ☐ Overjet ☐ Overbite ☐ Openbite

☐ Crossbite ☐ Missing Teeth ☐ Impacted Teeth ☐ Pre-prosthetics ☐ Orthoganthic Surgery

☐ Early or Interceptive Treatment ☐ Space Maintenance ☐ Other: _____

Patient Interest:

- ☐ Invisalign
- ☐ Traditional Orthodontics



iSmile Perio & iSmile Surgery

Saving Smiles For Life

Areas of Concern/Evaluation (please mark the tooth chart above and check all that apply below):

☐ Periodontal Evaluation ☐ Extraction ☐ Biopsy ☐ Sinus Lift

☐ Bone Regeneration ☐ Gingival Graft ☐ Implant(s) ☐ Extraction with Ridge Preservation

☐ Crown Lengthening ☐ Over Denture Retain on Implant ☐ Frenum Involvement

☐ Recession ☐ Periodontal Maintenance ☐ Expose Impacted Teeth

☐ Wisdom Teeth ☐ Peri-Implantitis / Implant Rescue ☐ Other: _____

ORAL SURGERY SEDATION OPTION: ☐ Local ☐ Nitrous ☐ Nitrous/Valium **BLOOD PRESSURE:** _____

Reason For Extraction: ☐Unrestorable ☐Wisdom Teeth

If Restorable, Reason for Extraction: ☐Treatment Plan Preference ☐Patient Preference ☐Finances ☐Other

Appointment Date: M, Tu, W, Th, Fr _____ Time: _____

Location:

- ☐ Bridgeport, 930 W. Main Street
- ☐ Elkins, 1510 Harrison Avenue
- ☐ Morgantown, 1016 Maple Drive
- ☐ Buckhannon, 19 E. Main Street
- ☐ Fairmont, 403 Virginia Avenue
- ☐ Sabraton, 1801 Earl L. Core Rd

www.iSmileSpecialistsWV.com **Call: 1-844-iSmile1**