

**IMPLANT REFERRAL FORM**

Ithaca Oral Surgery and Implant Center

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**For restorative dentists:** Please use this form for referral of dental implant patients when possible. Have the patient bring it with on the consultation or, email it to us if possible. If you need prosthetic components for implants we place, the implant rep or our office will be happy to assist you in any way with the restorative phase of treatment. We will make things very easy. Please try to have diagnostic models for patients that will likely have implant therapy for more than one tooth, or, if it is in the esthetic zone. Diagnostic wax-ups are also helpful after initial consultation in ensuring proper occlusion and freeway space for more complex tooth replacement cases. We may use other implant systems depending on the best and most economical solution for patients. We often use surgical guides; for very simple cases, they may not be needed or can just furnish a hole in a suck down guide where the ideal **center** of the implant will go. Some cases require more detailed planning.

Patient Details

Name.....

Phone number of patient.....

Type of Clinical Situation

Single Tooth Replacement

Denture Stabilization

Other

Relevant Medical History/Details of Clinical Problem

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Referring Practitioner

Name.....

Phone number.....