LEIGH SMILE CENTER

DENTAL IMPLANTS

Dr. Robert E. Leigh

 # 9911-107 Street, Westlock, Alberta T7P 2K5 **Email: staff@leighsmilecenter.com**
Attn: Treatment Co-ordinator

Toll Free: 1-888-877-0737 Office Phone: 1-780-349-6700 Fax: 1-780-349-2626

IMPLANT REFERRAL FORM

Patient Name: _____ Date Examined: _____

Patient's Phone: _____ Date of Birth: _____

Patient's Email: _____ X-Rays attached ☐

Please indicate the proposed implant sites by circling the numbers below, or indicate the general area: Upper Arch ( ) Lower Arch ( )

8 7 6 5 4 3 2 1 I 1 2 3 4 5 6 7 8

_____

8 7 6 5 4 3 2 1 I 1 2 3 4 5 6 7 8

Planned Prosthesis: **Number of Implants:** _____

Single Implant ( ) Multiple Implants ( )

Locator Retained Overdenture Case ( )

Bar Supported Overdenture ( )

"All-Over-4" Case ( ) Other ( ) PLEASE FINISH PROSTHETIC WORK AT YOUR OFFICE ( )

Referred by: _____ **Phone:** _____

Email: _____

www.leighsmilecenter.com www.rockymountainsmilecenter.com

www.leighdentalgroup.com

All services provided by General Dentists