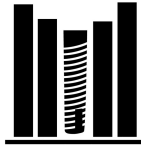


Immediate Fax Referral

Fax completed form to (646)253-7792



JOSEPH ZELIG, DDS
BOARD-CERTIFIED PERIODONTIST

30 E. 40TH STREET, SUITE 1001, NEW YORK, NY 10016 • (212)684-2900 • FAX: (646)253-7792

- LASER PERIODONTAL TREATMENT
- PERIODONTAL PLASTIC SURGERY
- DENTAL IMPLANTS
- I.V. SEDATION

PATIENT NAME _____

DATE _____

HOME PHONE _____

REFERRING DOCTOR _____

CELLULAR PHONE _____

REFERRING DR. PHONE _____

- PERIODONTAL DISEASE TREATMENT
- GENERALIZED
 - LOCALIZED
- TEETH # _____

- SOFT TISSUE GRAFTING (RECESSION)
- TEETH # _____

- CROWN LENGTHENING
- TEETH # _____

- IMPLANTS
- TEETH # _____

- I.V. SEDATION

- OTHER (SEE COMMENTS)

ADDITIONAL COMMENTS:

DIAGNOSTIC FILMS

- X-RAYS/FILMS ARE BEING E-MAILED (BIANCA@SMILEINTHECITY.COM)
- X-RAYS/FILMS ARE BEING MAILED
- X-RAYS/FILMS ARE AVAILABLE TO BE PICKED UP
- PATIENT HAS THE FILMS
- THERE ARE NO CURRENT FILMS AVAILABLE

DENTAL IMPLANT RESTORATIVE PLAN

- SINGLE IMPLANT-SUPPORTED CROWN(S), SITE(S) _____
- MULTIPLE UNIT RESTORATION FROM SITE # _____ TO _____
- FULLY EDENTULOUS LOWER JAW: FIXED RESTORATION OVERDENTURE HYBRID
- FULLY EDENTULOUS UPPER JAW: FIXED RESTORATION OVERDENTURE HYBRID

WHICH SERVICES WOULD YOU LIKE US TO PROVIDE FOR YOU:

- PLACE IMPLANT(S); SEND FIXTURE-LEVEL IMPRESSION COPINGS AND LABORATORY PARTS (ANALOGS & ABUTMENTS)
- PLACE IMPLANTS, FINAL ABUTMENTS AND TEMPORARY RESTORATION (READY FOR STANDARD FINAL IMPRESSION)
- PLACE IMPLANTS, FINAL ABUTMENTS, TEMPORARY RESTORATION; SEND **PFM COPING** (READY FOR PICK-UP IMPRESSION)

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