2800 College Avenue
Alton, IL 62002
618-474-7006
618-474-7388 (fax)

IMPLANT REFERRAL FORM

Date:_____

Referring Dentist:_____

Address/City/State/Zip:_____

Phone Number:_____

Fax Number:_____

PATIENT NAME:_____

Date of Birth:_____

Address/City/State/Zip:_____

Phone Number:_____

Area/Tooth for Implant Care:_____

Which Implant Company is your preference: (**please circle**)

ZIMMER BIOMET **DENTSPLY (ASTRA)** **SOUTHERN** **STRAUMANN**

Who will restore the Implant? (**PLEASE CIRCLE**)

REFERRING DENTIST
or
SCHOOL OF DENTAL MEDICINE

Additional comments:

REVISED 10/28/2021