

Implant Referral

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CAPITOL HILL DENTISTRY

Referred to Dr. Babak Noohi
Today's Date _____ Referred by _____
Patient's Appointment Date _____
Type of Implant: Internal hex External hex
Implant Brand: (if you prefer a particular brand) _____

Planned Prosthetic Replacement

<i>Partially Edentulous:</i>	<i>Location</i>	<i>No. Implants</i>
• Single Tooth Implant	_____	_____
• Bridge (Totally implant supported)	_____	_____
• Bridge (Implant to natural teeth)	_____	_____

Totally Edentulous:

- Connecting bar, or attachments, _____
to increase denture stability (removable)
- Full arch implant supported prosthesis (fixed) _____

Diagnostic Records Being Sent (if applicable)

Panorex C.T. Scan Mounted Casts Surgical Guide Other: _____

If Extractions Needed (please write and indicate bellow): tooth/teeth: _____

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

Restorative Options

Discussed options and fees with patient? Yes No
Patient's attitudes and desires towards implant reconstructions

Additional Comments

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