ADVANCED DENTAL SOLUTIONS

PROSTHODONTIST (noun)
präs-thə-ˈdän-tist

SPECIALIST FOR THE REPLACEMENT OF MISSING TEETH

Carl M Pogoncheff DDS, MS, FACP
Diplomate, American Board of Prosthodontics
Practice Limited to Prosthodontics
2628 Lake Lansing Road Suite 102
Lansing MI 48912
Phone: (517) 367-1200
Fax: (517) 367-2267
Email: advanceddental@advdental102.com
Website: Advdentalsolutions.com

Referral Form

Please return this form to our office by fax or email

Referring Doctor's Name:_____

Patient Name:_____

Patient Phone Number:_____

Reason for referral (please check below where applicable):

☐ Single tooth Implant (please, check the boxes that apply below)

- ☐ Tooth #s:_____
- ☐ Tooth/teeth already extracted
- ☐ Tooth/teeth still present needing extraction
- ☐ Titanium Implant
- ☐ Metal-Free, Ceramic Implant
- ☐ Final restoration to be completed by referring dentist

Appointment Date:_____

Appointment Time: _____

☐ Full mouth evaluation (please, check the boxes that apply below)

- ☐ Upper teeth
- ☐ Lower teeth
- ☐ Both jaws
- ☐ Teeth still present
- ☐ All teeth missing
- ☐ Widespread tooth decay with poor prognosis
- ☐ Widespread periodontal disease with poor prognosis
- ☐ Severe bruxism
- ☐ Patient interested in implant options
- ☐ Other:_____

☐ Denture evaluation (please, check the boxes that apply below)

- ☐ Current dentures
- ☐ Years of denture use:_____
- ☐ Number of past sets of dentures:_____
- ☐ Edentulous with no dentures
- ☐ Other:_____

☐ Other, please explain below: