

D. M. Vassos Dental Implant Centre Restorative & Implant Dentistry

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Please direct referral to: **Dr. David M. Vassos**, D.D.S., F.A.A.I.D., D.A.B.O.I.
 Dr. Colin R. Diener, B.Sc., D.M.D., GPR cert.
 either

Introducing _____ Phone No. _____

Appointment Date _____ Time _____

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

PLEASE INDICATE AREA OF CONCERN

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

Referred for:

- Single tooth replacement with root form implant**
 - and assess for immediate loading with transitional attachment & crown
- Multi tooth replacement with root form implants**
 - and assess for immediate loading with transitional attachments & crowns or bridge
- Ridge augmentation procedure(s)**
- Sinus elevation/grafting procedure(s)**
- Immediate stabilization of conventional lower denture with root form implants and dolder bar (within 24 hours)**
- Stabilization of conventional upper denture with root form implants and dolder bar**

Pre-operative radiographs included? Yes No

Referred by Dr. _____

Phone No. _____

- Please refer back to my office for the completion of the final permanent prosthetic(s) on the implants
- Please complete the final permanent prosthetic(s) on the implants