



Dr. Sebrina Abdul Malik (B.D.S Dublin)
 Braces & Implant Dental Centre
 #01-01 Lian Huat Building
 (Behind Amara Hotel)
 Singapore 079024

REFERRAL FOR DENTAL IMPLANT TREATMENT

Referring Dr. _____

Referring Dentist Contact Number: _____

Referring Dentist Office Address: _____

Patient Name: _____

Referral Date: _____

Patient DOB: _____

Patient Phone : _____

Circle the Tooth/teeth to be replaced:

17 16 15 14 13 12 11 21 22 23 24 25 26 27
 47 46 45 44 43 42 41 31 32 33 34 35 36 37

GOAL: Fixed Prosthesis Removable Prosthesis

DIAGNOSTIC MATERIALS PROVIDED:

- PA Xray Panorex CT scan Study Casts
 Enclosed With patient Please take Radiograph as indicated

ADDITIONAL CONSIDERATIONS:

System Preference: Nobel Biocare Straumann Neobiotech Other_____

- Possible candidate for extraction with immediate placement
- Stage I impression if possible
- Prefer immediate provisional if possible:
- Please provide custom/final abutment
- Restorative dentist to provide
- Provisional crown if possible
- Implant Surgeon to provide

TICK SIGNIFICANT MEDICAL HISTORY:

- Radiation to Jaw History of Bisphosphonate Diabetes Tobacco