



Implant Referral

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Patient:

Referring Doctor:

Date:

Implant Application: Single tooth replacement Multiple tooth replacement Overdenture Hybrid

Planned implant position(s):

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

Are teeth still present at the intended implant site(s)? yes no

Other prosthetic options discussed: Fixed partial denture (bridge) Removable partial denture Complete denture

Has the patient had previous dental implants? yes no Any previous implant failures? yes no

Does the patient have any of the following risk factors? diabetes cigarette smoker bone anti-resorptive agent use
 chronic steroid use parafunction (bruxing, clenching) infection present at intended implant site poor oral hygiene

Does the patient have any known or suspected TMJ dysfunction? yes no unknown

Patient aesthetic requirement: low intermediate high unknown

Are ridge defects present? yes hard tissue soft tissue both no unknown

Has soft or hard tissue grafting been considered/discussed with patient? yes no

Planned provisional: flipper denture immediate crown essix none

Records sent: radiographs PA Panoramic CBCT models photographs other _____

Implant preference: Keystone Prima Straumann-Bone level Megagen Zimmer Internal hex None

Other Notes:

