



The **Dental Implant** Center

Ahmed El-Halaby, DDS, MSD

Diplomate, American Board of Periodontology
Certified in Periodontal and Dental Implant Surgery

Introducing: _____

Referred by Dr. _____

Date of Birth: ____ / ____ / ____

Date of Referral: ____ / ____ / ____

Phone Number: _____

Reason for Referral

Dental Implants

- Implant Placement
- Extraction / Immediate implant placement
- All on 4-6 (immediate load)
- Ridge Augmentation
- Sinus Augmentation
- Preferred implant brand _____

Other Treatments

- Laser Periodontal Surgery (LANAP)
- Impacted wisdom teeth extraction
- Surgical Extractions
- Pinhole Surgery for treatment of recession
- IV Sedation
- CBCT

Teeth to be treated: _____

Restorative treatment plan: _____

Comments (Tx plan considerations, medical info, etc...):

All implant cases will be restored by the referring doctor. As an added service, after implant integration, an intra-oral scan (using Medit i700 intra oral scanner) of the integrated implant (and opposing and occlusion scans) can be acquired and forwarded to your office.



Ph: 585-398-2233 | Fax 585-398-2295

Email: info@yourfarmingtontdentist.com | 1484 State Route 332, Farmington, NY 14425