



ADVANCED DENTAL SOLUTIONS

Carl M Pogoncheff DDS, MS, FACP
 Diplomat, 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

PROSTHODONTIST (noun)
 prās-the-'dān-tist

SPECIALIST FOR THE REPLACEMENT OF MISSING TEETH

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

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:

