LAKESIDE DENTAL

Dr. Harpreet Cheema, DDS · Implant, Sedation & Wisdom Teeth Dentistry

PATIENT REFERRAL

DATE _____

PATIENT INFORMATION

PATIENT NAME _____ PHONE _____

REFERRING OFFICE

OFFICE & DOCTOR _____ PHONE / FAX _____

PREFERRED CONTACT ◯ Phone ◯ Email ◯ Fax

TOOTH #(S) — CIRCLE

	PATIENT RIGHT									PATIENT LEFT					
U	1	2	3	A 4	B 5	C 6	D 7	E 8	F 9	G 10	H 11	I 12	J 13	14	15	16
L	32	31	30	29 T	28 S	27 R	26 Q	25 P	24 O	23 N	22 M	21 L	20 K	19	18	17

REQUESTED SERVICE(S)

ORAL SURGERY
- ☐ Wisdom Teeth
- ☐ Extraction
- ☐ Bone Graft
- ☐ Sinus Lift

SEDATION
- ☐ IV Sedation
- ☐ Oral Sedation

IMPLANTS
- ☐ Placement
- ☐ Restoration

PROSTHETICS
- ☐ All-on-4
- ☐ Snap-On Denture
- ☐ Removable Denture

ENDODONTICS
- ☐ Root Canal

REFERRAL REQUEST

- ☐ Evaluate only / 2nd opinion only
- ☐ Evaluate & treat as needed
- ☐ Patient in active pain
- ☐ CBCT needed / requested

AFTER ROOT CANAL
- ☐ Return to referring office to restore
- ☐ Lakeside will place core & final crown

IMPLANT — RESTORATIVE
- ☐ Referring office will restore
- ☐ Lakeside will restore implant

RESTORATIVE / SPECIAL INSTRUCTIONS _____

REASON FOR REFERRAL / NOTES

_____

_____

_____

Your trust in us is of the highest value! Thank you!

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YOUR VISIT TO LAKESIDE DENTAL

You have been referred for specialized implant, sedation, and restorative care. To schedule your appointment, please call us at **916-983-8870**.

FOR YOUR FIRST APPOINTMENT, PLEASE BRING

1. This referral slip and any X-rays or CBCT images provided to you.
2. A list of the medications you are presently taking, if any.
3. Your dental insurance card and a photo ID.

IMPORTANT

- A pre-operative consultation is mandatory for most procedures and for any patient wishing to undergo sedation.
- All patients under 18 must be accompanied by a parent or legal guardian.
- Please alert us if you have a medical condition that may be of concern prior to surgery — e.g. artificial heart valve, artificial joints, osteoporosis medication, or blood-thinning agents such as Coumadin.

INSURANCE TYPE

☐ PPO ☐ HMO ☐ Medical / Medicare

SCAN FOR DIRECTIONS

VISIT US

183 Blue Ravine Road
Folsom, CA 95630

P 916-983-8870 · F 916-985-9915

frontoffice@folsomlakesidedental.com

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