



# COMPREHENSIVE ORAL & MAXILLOFACIAL SURGERY

Dr. Robert J. Huvor, Board Certified Oral & Maxillofacial Surgery

## IMPLANT REFERRAL

**NAPERVILLE**  
1879 Bay Scott Circle, Suite 111, Naperville, IL 60540  
Phone: (630) 420-9890 • Fax: (630) 420-9121

**OSWEGO**  
123 W. Washington, Suite 202, Oswego, IL 60543  
Phone: (630) 554-9890 • Fax: (630) 554-5200

Introducing: \_\_\_\_\_

- Full-mouth X-rays
- Mailing
- Panorex X-rays
- Sending with Patient

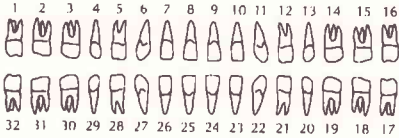
Appointment Date: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Phone number: \_\_\_\_\_

### PLEASE EVALUATE FOR:

IMPLANT SITE (please indicate below):



### PROCEDURE REQUESTED:

- One Stage
- Two Stage
- Place Abutment
- Torque Abutment
- Fabricate Temporary

### IMPLANT TYPE/COMPANY REQUESTED:

- Nobel Biocare
- Sybron
- Bicon
- 3M ESPE MDI (Mini)
- Other
- Please provide: Prosthetic Kit
- Please provide: Abutment
- Please provide: Impression Copings
- Please provide: Implant Analog

### ONGOING COMMUNICATION:

- Please call me before seeing patient
- Please send me an updated treatment plan
- Please coordinate treatment planning with my office
- Please provide me with before & after photos when treatment is completed

### FOR YOUR PATIENT'S RETURN: (TO BE COMPLETED BY SPECIALIST)

Treatment at this office completed on: \_\_\_\_\_

Patient reappointed with you for: \_\_\_\_\_

Consultation for: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**PLEASE KEEP YELLOW COPY FOR YOUR RECORDS**