

# PROSTHODONTICS & SEDATION

**Dr. Breanne Anderson D.M.D. M.D.S. F.A.C.P**



**(239) 300-2767**

## PATIENT REFERRAL

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Chief Concern: \_\_\_\_\_

**Patient is being referred for evaluation of the following:**

- Comprehensive care including future re-care visits.
- Comprehensive care excluding future re-care visits.
- Limited Exam Tooth #'s \_\_\_\_\_

Is the patient in need of emergency treatment?  Yes  No

### RESTORATIVE & IMPLANTS

- Complex Prosthodontic Case
- Management of tooth wear
- Implant Overdenture
- Hybrid Denture
- Single Implant Restoration
- IV Sedation
- Smile Makeover

Teeth involved # \_\_\_\_\_

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

**Recent full mouth radiographs available:**

- Enclosed
- Sent with patient
- No x-rays available, please take
- Email to our office

**Remarks or special instructions including alternative tx discussed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Dr. \_\_\_\_\_ Date: \_\_\_\_\_

Referring Dr. Phone # \_\_\_\_\_

Please call me:  Before Consultation  After Consultation  Letter

Appointment Date & Time \_\_\_\_\_

*Thank you for your kind referral! We will be in touch shortly!*

# INFORMATION FOR PATIENTS

Please bring the following to your next appointment:

- Dental insurance information
- Health history and current medications

We look forward to being of assistance to you.

23421 Walden Center Drive, Suite 300  
Bonita Springs, FL 34134



**Smile Rejuvenations of Southwest Florida**

23421 Walden Center Dr., #300, Bonita Springs, FL 34134

Tel: (239) 300-2767 ~ Fax: (239) 354-7344

<https://www.smilerejuvenationsofswfl.com>