

# PROSTHODONTICS & IV SEDATION

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## 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!*

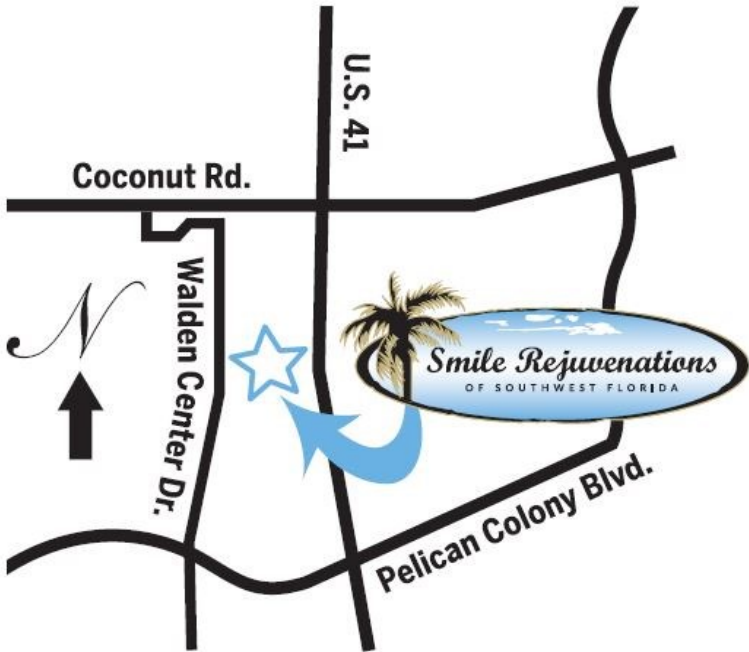
# INFORMATION FOR PATIENTS

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.

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Bonita Springs, FL 34134



**Smile Rejuvenations of Southwest Florida**

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