



Dr. Jonathan Tsang

Implant Dentistry

FROM Referring Office of: _____

Introducing (Patient's Name): _____

Patient's Phone: (H) _____ (W) _____

Tooth #'s: _____ Today's Date: _____

REASON FOR REFERRAL:

- Comprehensive Examination and Treatment
- Implant Consult Bone Augmentation Sinus Lift
- CT Scan (Maxilla, Mandible or Both) Treatment with IV Sedation

RECORDS: Enclosed With Patient Take New Records

TREATMENT OBJECTIVES: _____

COMMENTS: _____



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Patient Name: _____ Tooth #: _____

Appointment Date: _____ Time: _____

Payment in full is expected at time of your visit and for your convenience, cash - direct payment, credit cards and cheques are accepted. Dental implant services are rarely covered by dental insurance plans. As a service to you, we will be happy to complete any insurance forms required when treatment has been completed.