

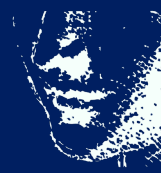
IMPLANT REFERRAL FORM

Dr. Kanyon Keeney

Oral & Maxillofacial Surgeon • Dental Implant Surgeon

Dr. Mark Gardner

Oral & Maxillofacial Surgeon • Dental Implant Surgeon



VIRGINIA
Oral & Facial
SURGERY

Introducing: _____

Date: _____

Date of Birth: _____

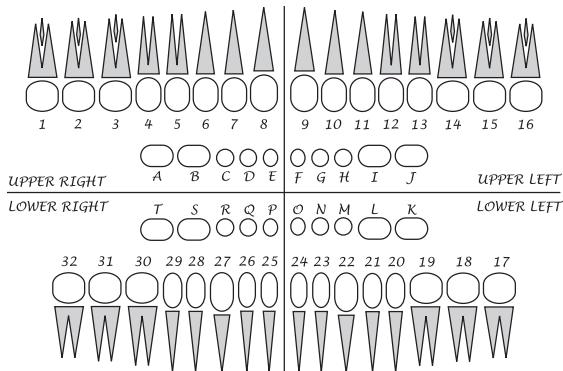
Preferred Surgeon: Kanyon Keeney, DDS Mark Gardner, DDS

Proposed Implant Treatment: Full Arch Treatment Overdenture Guided Surgery

Crown & Bridge Hybrid *circle one:* Immediate Load Delayed Load

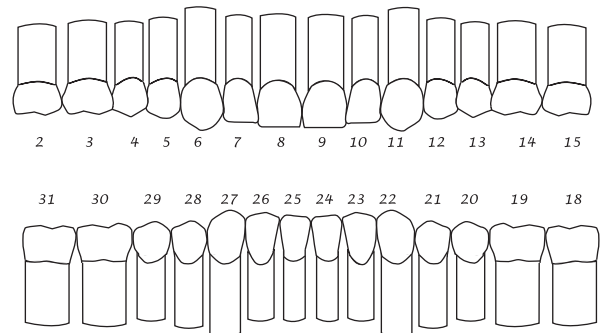
Treatment Details: _____

Patient sent with: Panorex PA Cone Beam Scan Emailed westend@oralfacialsurgery.com



Please mark proposed extraction site

Implant Placement



Please shade proposed implant site

Additional treatment proposed at your office: _____

PROSTHETIC COMPONENTS OR SERVICES REQUESTED:

Upon request, the following prosthetic components will be provided - **PLEASE SELECT**

- Open Tray Impression Coping
- Closed Tray Impression Coping
- Scan Body (for CAD/CAM custom abutment)
- Other _____
- Check here if you **DO NOT** want Drs. Keeney or Gardner to include prosthetic components in treatment *pt. will return with healing screws only*

Preferred Implant

- Straumann Megagen BioHorizons
- Surgeon Choice: _____

Surgical Guide (template, stent)

- No surgical guide provided
- Surgical guide provided by referring doctor

Referred by Doctor: _____ (please fax this to 804-747-3599)

THE PATIENT IS TO BRING THIS REFERRAL TO THE CONSULT!

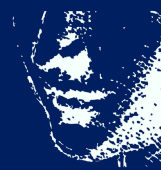
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Dr. Keeney, Dr. Gardner, and their Implant Teams are committed to excellence in Implant Dentistry.

Come prepared to ask many questions and learn about the exciting world of Dental Implant Technology.

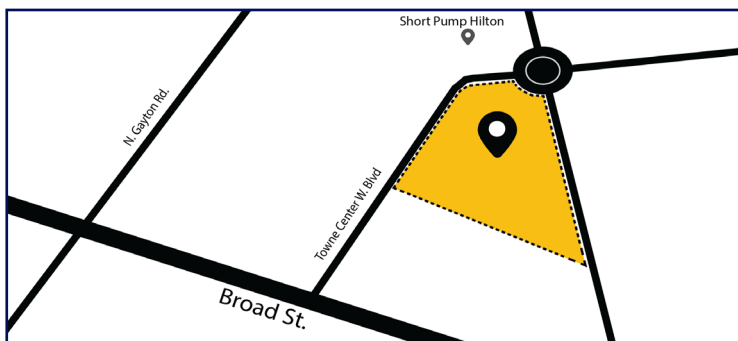
Please fill out patient registration online prior to your appointment.

You can scan the QR code or go to bit.ly/vofsregister1 to do so.



In order to serve you better, we ask that you arrive **15 minutes** before your scheduled appointment time and bring this form and the following items to your appointment:

- Medical Insurance Card(s)
- Dental Insurance Card(s)
- Picture ID (for insurance identification)
- Written referral or instructions from your doctor (if not included on this form)
- Any additional x-rays from your dentist



Dental Implant Center - Short Pump

130 Towne Center West Blvd

Henrico, VA 23233

804-270-5028

Fax: 804-747-3599