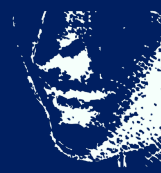


IMPLANT REFERRAL FORM

Dr. Kanyon Keeney

Oral & Maxillofacial Surgeon • Dental Implant Surgeon



VIRGINIA
Oral & Facial
SURGERY

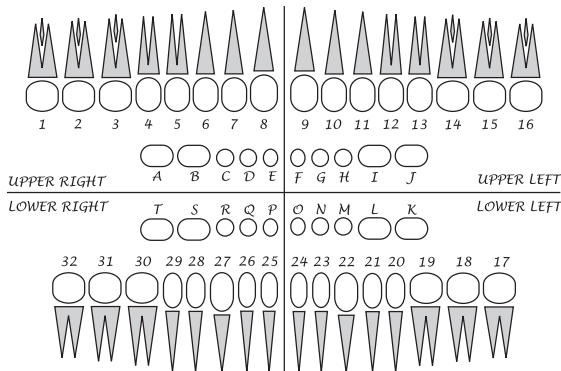
Introducing: _____

Date: _____ Date of Birth: _____

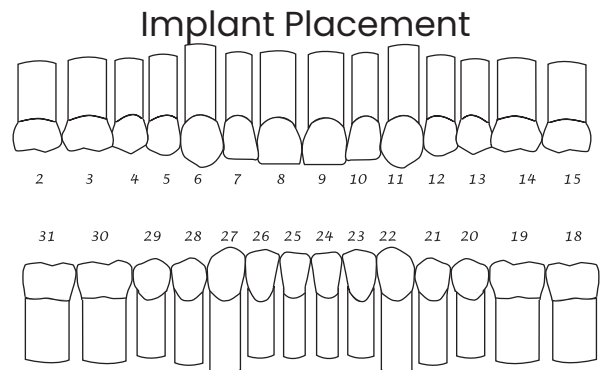
Proposed Implant Treatment: ☐ Full Arch Treatment ☐ Overdenture
☐ Guided Surgery ☐ Crown & Bridge ☐ Hybrid circle one: Immediate Load or Delayed Load

Treatment Details: _____

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



Please mark proposed extraction site



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 Dr. Keeney 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

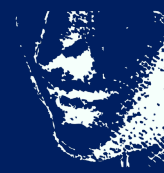
Referred by Doctor: _____ (please fax this to 804-747-3599)

THE PATIENT IS TO BRING THIS REFERRAL TO THE CONSULT!

IMPLANT REFERRAL FORM

Dr. Kanyon Keeney

Oral & Maxillofacial Surgeon • Dental Implant Surgeon



VIRGINIA
Oral & Facial
SURGERY

Dr. Keeney and his Implant Team are committed to excellence in Implant Dentistry.

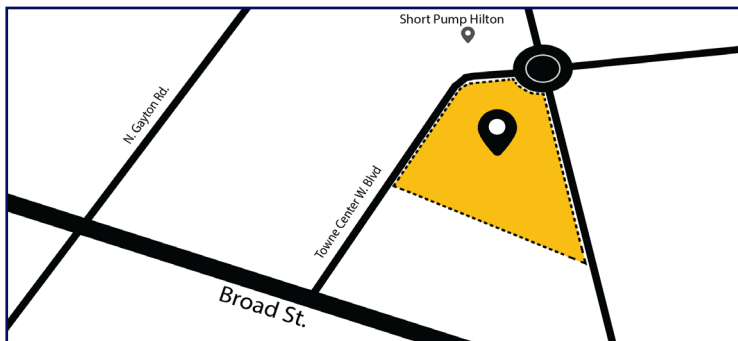
Come prepared to ask many questions and learn about the exciting world of Dental Implant Technology.

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

ORALFACIALSURGERY.COM