



FAMILY & IMPLANT DENTISTRY

PATIENT REFERRAL FORM

Bruce A. Smoler, D.D.S., F.A.G.D.

Fellow International Congress of Oral Implantology

www.SmolerSmiles.com

Patient Name: _____

Referred By: _____

Date: _____

Referral Location:

820 N. Wayne Road | Westland, MI 48185

734.728.5600

- | | |
|--|---|
| <input type="checkbox"/> I.V. Sedation | <input type="checkbox"/> Referring DDS to Treat Prosthetics |
| <input type="checkbox"/> TMJ Treatment | <input type="checkbox"/> Surgical Exposures |
| <input type="checkbox"/> Sinus Graft | <input type="checkbox"/> Pinhole Gum Rejuvenation |
| <input type="checkbox"/> Special Needs | <input type="checkbox"/> Stem Cell Therapy/ PRGF |
| <input type="checkbox"/> Sleep Apnea Options | <input type="checkbox"/> FREE CT Scan* |
| <input type="checkbox"/> Dental Phobics | |
| <input type="checkbox"/> Dental Implants | |
| <input type="checkbox"/> Chin/Bone Graft | |

Remarks: _____

Dental Professionals interested in learning and advancing their Dental Implant Procedures through Smoler Institute Hands on Mentorship Program, please visit:

www.SmolerCEServices.com

*When surgery started at Smoler Smiles. Up to a \$395.00 Value