



4969 E Interstate 20 Service Rd N, Willow Park, TX 76087 | Phone: (817) 441-5000 Fax: (817) 441-5003

In our effort to provide better patient service and care, please fax or email this form to our office. Please also provide the patient a copy to bring to their appointment. Thank you!

Date: _____ Patient Name: _____

Patient Phone: _____ Patient DOB: _____

Referred By: _____

Office Phone: _____ Signature: _____

PLEASE MARK AREA TO BE TREATED:

The dental chart consists of four rows of tooth diagrams. The top row shows upper teeth numbered 1-16 from right to left. The second row shows lower teeth numbered 32-17 from right to left. The third row shows teeth labeled A-J and T-K. The bottom row shows additional tooth diagrams without numbers.

REQUESTED TREATMENT:

DENTAL IMPLANTS (IF APPLICABLE):

Our goal is to make implants precise and straightforward for you and your patients. We may provide impression posts and analogs as a convenience to the restorative doctor. Please check if you would like anything different:

- Restorative doctor will obtain impression posts and analogs
- Surgeon to provide provisional restoration
- Surgeon to provide digital impression

Consult Apt. Date: _____ Time: _____