

Guidance is needed when a patient is referred. Please check the condition(s) below so that we are prepared for the patient's needs

Patient's Name _____
Phone # _____

Chief Complaint _____
Past Dental History _____

Special Concerns _____

Restorative / Operative Care

- Esthetic emergency – same day or next morning Tooth# _____
- Broken dowel Tooth# _____
- Match single central or other anterior Tooth# _____
- Tooth wear with broken restoration(s) Tooth# _____
- Fractured fixed partial denture (bridge) Tooth# _____
- Maryland bridge (circle one Belle Glass or metal) Tooth# _____
- Other (specify) _____ Tooth# _____

Complex Prosthodontic Care

- Removable Prosthodontics**
- Complete denture (circle one Upper / Lower / Both)
- Partial denture (circle one Upper / Lower / Both)
- Immediate / Interim denture (circle one Upper / Lower / Both)
- Other (specify) _____
- Reconstruction** (circle one full mouth or partial mouth)
- Teeth involved # _____

Utilizing

- Empress Full coverage Metal occlusal Gold onlay
- Other (specify) _____

- Implant Prosthodontics**
- Single tooth implant Patient's vertical dimension of occlusion is
- Multiple teeth implants Excessive (needs to be decreased)
- Implant supported dentures Reduced (needs to be increased)
- Sleep apnea appliance Other (specify) _____

Miscellaneous

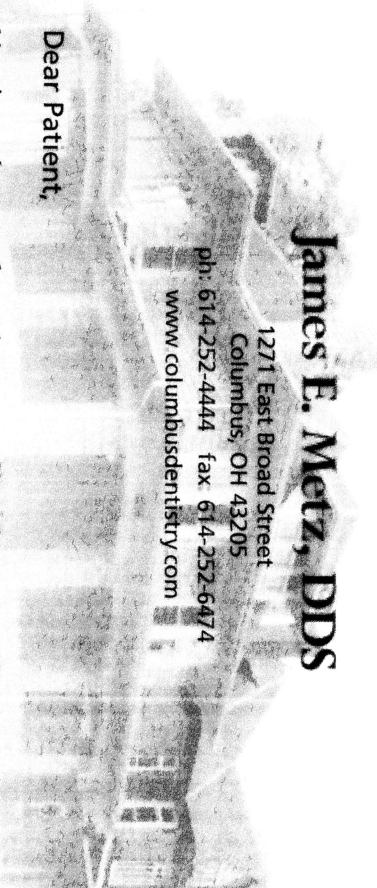
- Difficulty getting patient anesthetized
- Demanding patient (give brief history) _____
- Unresolved TMD complaint (give brief history) _____

Referring Doctor _____

Phone # _____ Fax # _____

Please fax or mail this half of the referral form to
Phone 614 252 4444 Fax 614 252 6474 1271 E Broad St Columbus OH 43205
www.columbusdentistry.com

Cut here and give half to patient and mail or fax (614-252 6474) us the other half



James E. Metz, DDS
1271 East Broad Street
Columbus, OH 43205
ph. 614-252-4444 fax 614-252-6474
www.columbusdentistry.com

Dear Patient,
You have been referred to our office for a specific dental need. It is our desire for you to have a pleasant experience. Every attempt will be made to accommodate your special needs and requests.

Your time is valuable and your appointment listed below is reserved for you

Doctor: _____

Date: _____

Day: _____

Time: _____

Special Notes: _____

Please make every effort to keep your appointment. It is important to realize that a significant amount of time has been reserved by our office just for you. If you are unable to keep your appointment, kindly give 48 hours notice.

Thank you,

James E Metz, DDS