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) _____

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
  - ❑ Multiple teeth implants
  - ❑ Implant supported dentures
- ❑ **Patient's vertical dimension of occlusion is**
  - ❑ Excessive (needs to be decreased)
  - ❑ 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

DIRECTIONS

Located on the south side of East Broad St. between Wilson Ave. and Sherman Ave., directly across from the Columbus Foundation, 1.5 miles east of downtown, and just before Franklin Park. Parking is in the rear.

- From I-71 — Exit Broad St. in downtown Columbus and go east (away from downtown). The office is on the Right side about 1/2 mile from I-71.
- From I-670 — Exit Leonard Ave., turn south, almost immediately turn left on to Taylor Ave., proceed to Broad St., and turn right. The office will be on the left (approximately 4 blocks).
- From I-70 — Exit Miller Ave. / Kelton Ave., proceed north to Main St., turn left on Main St., right on Wilson Ave., just before Broad St. turn left into the alley, and into our parking lot.

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

Referral Form

James E. Metz, DDS

If you are experiencing problems or predict you will have difficulties with a patient's dental treatment, I would like you to consider my office for you restorative, repair, implant, TMD, prosthodontic, or cosmetic referrals. Both myself and the entire staff are committed to providing patients with the highest possible standard of dental care available. Our new, state-of-the-art office and laboratory are equipped and designed to handle all types of challenges. I will keep you informed as the treatment progresses toward a successful conclusion.

Listed below are just a few of the areas in which Dr. Metz can help:

- Consultation with/without Patient in Your Office or Mine
- Difficult or Challenging Patients
- Broken Porcelain, Dowels, Implant Difficulties or Bridge Repair
- TMD
- Unresolved Pain in the Head and Neck Region
- Esthetic Emergencies
- Sleep Apnea
- Implant Supported Fixed and Removable Restorations
- Full-Mouth Rehabilitations
- Removable Complete and Partial Dentures
- Lecture to Study Groups or Dental Societies

If you have a patient you would like to refer to our office, please complete the reverse side of the form and mail or fax the information to our office. Please detach and fill out the other half of this form for the patient. This half also contains directions to our office. Thank you.

James E. Metz, DDS

email: jem@beol.net
www.columbusdentistry.com

1271 East Broad Street,
Columbus, OH 43205
ph: 614-252-4444
fax: 614-252-6474