

Young Dental SF

Cosmetic, General &
Implant Dentistry

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Diplomate of the American Board of Oral Implantology / Implant Dentistry

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Introducing: _____ Date: _____ Patient Phone: _____

Referred By: _____ Phone: _____

Reason for Referral: _____

Tooth Number or Area: _____

Comprehensive Care: _____ Restorative Treatment: _____

Implant Dentistry: _____

Surgical Treatment: _____ Emergency Care: _____

Call Me Before Consultation:

X-Rays: To be Mailed / Emailed / Take as Needed / Please Call

Other Diagnostic Material Available: _____

Remarks: