

IMPLANTS & PERIODONTAL ARTS

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Patient's Name _____

Phone Number _____ Date _____

Referring Dentist _____ Office Phone Number _____

Referring Dentist Signature _____

FMX/PA'S AND/OR PANOREX

Please Take

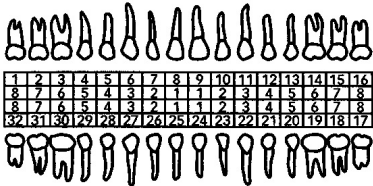
With Patient

By mail/email

3-D Imaging

This patient is being referred for evaluation of the following:

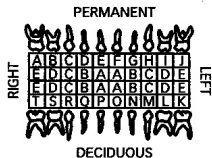
Please circle tooth #



- Implant Consultation
- Extraction & Ridge Preservation
- GBR / Bone Grafting
- Sinus Lift
- Ridge Augmentation
- All on 4
- Comprehensive Periodontal Evaluation
- Isolated Periodontal Evaluation
- Crown Lengthening
- Frenectomy
- Gingivectomy
- Gingival Recession/ Grafting
- Guided Tissue Regeneration
- Flap Surgery
- Orthodontic Co-therapy
- Tooth Exposure
- TAD Placement
- Other: _____
- 3rd Molar Extractions

Preferred Implant System

-  Nobel Biocare
-  straumann
-  NEODENT
-  mis
- Other



Comments: _____

