BRIDGEWATER
RICHMOND DENTIST

PROVIDER PREFERENCE

- ❍ Dr. Geoff Smith (Certified Orthodontist)
- ❍ Dr. Kenneth Lam (Certified Orthodontist)
- ❍ Dr. Nariman Amiri (Certified Prosthodontist)
- ❍ Dr. Tony Gill

PATIENT INFORMATION

Patient Name: _____ DOB (m/d/y): _____

Address: _____ Phone: _____

Email: _____

REFERRING DOCTOR INFORMATION

Referring Doctor: _____ Practice Name: _____

Office Address: _____ Office Phone: _____

Email: _____

REFERRING TO ORTHODONTICS ❒

- ❍ Crowding
- ❍ Spacing
- ❍ Missing Teeth
- ❍ Facial
- ❍ Overjet
- ❍ Overbite
- ❍ Supernumeraries
- ❍ Symmetry
- ❍ Class II
- ❍ Openbite
- ❍ Habit
- ❍ Eruption Problems
- ❍ Class III
- ❍ Crossbite
- ❍ Other: _____

REFERRING TO PROSTHODONTIC AND DENTAL IMPLANT ❒

- ❍ All on X Implants & Prosthesis
- ❍ Soft and Hard Tissue Management
- ❍ Implant & Restoration
- ❍ Extractions
- ❍ Implant Only
- ❍ CBCT Scan Only
- ❍ Implants for Overdentures
- ❍ Denture
- ❍ Bone Grafting / Sinus Augmentation
- ❍ Other: _____

AREA(S) OF PARTICULAR INTEREST

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

ADDITIONAL COMMENTS / NOTES

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RADIOGRAPH / RECORDS

- ❍ X-rays Included
- ❍ X-rays Emailed
- ❍ Please Call Me
- ❍ Please Call Patient

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