New Teeth Now Referral Form

| TODAY'S DATE | APPT. DATE | |
|---|-----------------|------------------------|
| PATIENT NAME | | |
| DATE OF BIRTH | PATIENT TEL # _ | |
| REFERRING DOCTOR | | |
| DOCTOR SIGNATURE | | |
| RESTORATIVE COMPLETED BY: | New Teeth Now | □ Dr |
| PROVIDER ☐ Dr. Kirkpatrick (Lakeland) ☐ Dr. Richards (Lakeland) | | ☐ Dr. Zandevakili (SD) |
| SPECIAL INSTRUCTIONS | | |
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| ☐ New Teeth Now Implants | |
|--------------------------|--|
| Maxillary | |
| Mandibular | |
| Full Mouth | |
| Zygomatic Implants | |
| for bone loss | |
| Other: | |
| | |
| □ | |
| | |
| □ | |
| FEE QUOTED TO PATIENT: | |

Please email a copy to patientinfo@newteethnow.com or fax to appropriate location.

Please provide a copy to the patient.

Before Your Consultation

- Omplete your new patient paperwork. If you were not provided new patient paperwork please visit **NewTeethNow.com.** If you are unable to complete your paperwork in advance, please arrive at 20 minutes early for your appointment.
- 2 Bring your dental insurance information with you to your consultation.
- **3** The consultation includes a dental CT scan. All jewelry, dentures and partials must be removed for this scan.
- 4 This appointment can take 2 hours, please plan accordingly.
- **5** If you have not been quoted estimated fees, please speak with your dentist or contact New Teeth Now prior to your consultation.
- 6 Financing is available to patients. Please visit NewTeethNow.com/Financing
- Should you have any questions concerning your upcoming appointment please contact New Teeth Now at 833-929-2658

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