

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. Vorwald (Lakeland) Dr. Núñez (The Villages)
 Dr. Sharafi (San Diego)

SPECIAL INSTRUCTIONS _____

- 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

- 1 Complete 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**
- 7 Should you have any questions concerning your upcoming appointment please contact New Teeth Now at **833-929-2658**

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