



## Wade A. Pilling DMD, DABOI, FAAID

Board Certified Implant Specialist

### Demographic Information

#### Patient Information

Name \*

First Name

Last Name

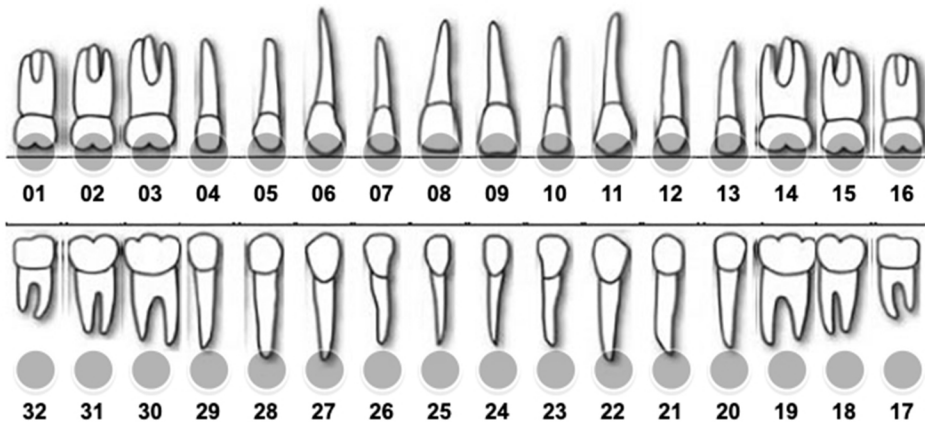
Referred By \*

First Name

Last Name

### Extraction Information

Area/s of Concern \*



### Procedures to be considered:

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- |                                     |                           |                          |
|-------------------------------------|---------------------------|--------------------------|
| Extraction                          | <input type="radio"/> Yes | <input type="radio"/> No |
| Implant                             | <input type="radio"/> Yes | <input type="radio"/> No |
| Ridge Augmentation                  | <input type="radio"/> Yes | <input type="radio"/> No |
| Sinus Augmentation                  | <input type="radio"/> Yes | <input type="radio"/> No |
| Full Arch (All-on-4)                | <input type="radio"/> Yes | <input type="radio"/> No |
| Locator supported Denture           | <input type="radio"/> Yes | <input type="radio"/> No |
| Extraction Only                     | <input type="radio"/> Yes | <input type="radio"/> No |
| Defer treatment plan to Dr. Wardany | <input type="radio"/> Yes | <input type="radio"/> No |

### Implant System Preference

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- |               |                           |                          |
|---------------|---------------------------|--------------------------|
| Straumann     | <input type="radio"/> Yes | <input type="radio"/> No |
| Nobel Biocare | <input type="radio"/> Yes | <input type="radio"/> No |
| Astra         | <input type="radio"/> Yes | <input type="radio"/> No |
| Biohorizons   | <input type="radio"/> Yes | <input type="radio"/> No |
| No preference | <input type="radio"/> Yes | <input type="radio"/> No |

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- |                               |                                       |  |
|-------------------------------|---------------------------------------|--|
| Radiographs / Clinical Photos | <input type="radio"/> Uploaded Online | <input type="radio"/> Emailed              |
|                               | <input type="radio"/> Mailed          | <input type="radio"/> Accompanying Patient |

## Impression Coping Preference

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Preference

☐ Open Tray

☐ Closed Tray

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Case Notes

All new patient consultations, including radiographs & CBCT-scans taken, are complimentary.

New patients save time by filling out new patient forms & medical history online prior to your appointment. In addition to the referral slip, please remember to bring the following to your appointment:

- Insurance cards
- Copy of most recent blood work
- All medications/supplements being taken.