1000 Newbury Rd STE 138
Thousand Oaks, CA 91320

HORIZON IMPLANTS

805-768-5010
www.horizonimplants.com

Referral Form

Date: _____

Patient Name: _____

☐ AM
☐ PM

Appointment Date: _____
Month Day Time

Reason for referral

- ☐ Implant Placement
- ☐ Ridge Augmentation
- ☐ Periodontal Evaluation
- ☐ Tissue Grafting
- ☐ Sinus Augmentation
- ☐ Implant Removal
- ☐ Osseous Surgery
- ☐ Dentures
- ☐ Apicoectomy
- ☐ Third Molar surgery / Surgical Extractions
- ☐ Others

Tooth number or area for consideration

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 | 23 22 21 20 19 18 17

☐ Upper Right ☐ Lower Right ☐ Upper Left ☐ Lower Left

Referred by Dr. _____ Phone: _____

Comments

_____

_____

_____

Pre-Surgery Instructions:

Fasting: No food or drink 6 hours before surgery for I.V. sedation patients.
Transportation: Arrange a responsible adult to drive you home for I.V. sedation patients.
Minors: Must have a parent/legal guardian present.
Medication: Inform us of any prescribed medications.
Bring: This card, insurance forms, available X-rays.
Attire: Wear loose, comfortable clothing (no high heels).
Avoid: Alcohol the night before surgery.

Payment is expected at the time of service.