

Kevin E. Porter, DDS, MD • Robert S. Fuentes, DDS, MD
 Helaman P. Erickson, DDS, MD, FACS • Jason P. Jones, DDS, MD

APPOINTMENT INFORMATION:

DATE: _____

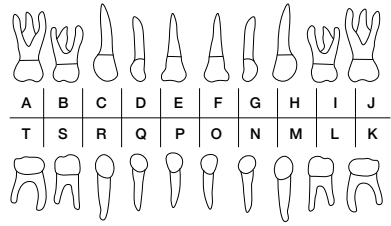
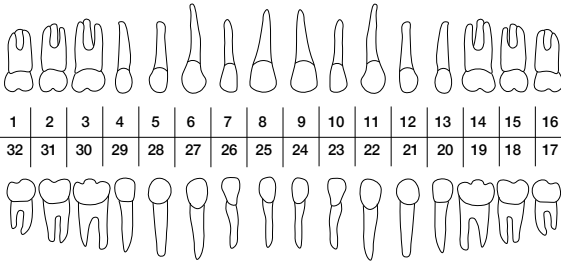
This time is reserved specifically for you. If by necessity you must cancel your appointment, please notify us at least 48 hours in advance.

Referred By: _____

Patient's Name: _____ DOB: _____

Guardian's Name: _____ Phone: _____
(if minor)

Appointment Date: _____ Time: _____



- | | | | |
|--|-----------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Wisdom Teeth | <input type="checkbox"/> Implants | <input type="checkbox"/> Extractions | <input type="checkbox"/> Biopsy |
| <input type="checkbox"/> Lesion Evaluation | <input type="checkbox"/> Exposure | <input type="checkbox"/> Orthognathic | <input type="checkbox"/> Other |

IMPLANT TYPE:

- Bone Level
- Tissue Level

ABUTMENT TYPE:

- Custom
- Stock

PLACED BY:

- Oral Surgeon
- Restoring Dentist

ITERO SCANNING: (Digital Impression)

- None
- Final Crown (Scan at Integration)
- Temporary Crown (Scan at Implant Placement)

Lab Preference: _____

Comments: _____

