



Referral Form

Patients Name: _____

Referring Office Name: _____

Referring Provider's Name: _____

Treatment Needed:

<input type="checkbox"/> IV Sedation	
<input type="checkbox"/> Extraction(s)	Tooth #'s:
<input type="checkbox"/> Implant(s)	Tooth #'s:
<input type="checkbox"/> All-on-X / Teeth in a day	
<input type="checkbox"/> Other:	

Referring Provider's Name:

Please note:

Depending on the procedure, we can do both the consultation and the procedure during the same appointment. In order to do this please call our office number so we can review any medical conditions and medications that you take. We will also ask for a photo of this referral form as well as your x-rays. If you do not have x-rays then we can take them at our office, but we cannot guarantee the procedure on the same day as the consultation.

What to know about your consultation:

- We offer a free consultation and x-ray for non-insured patients
- Pricing and financing options (if needed) will be discussed during your appointment

📞 (513) 450-7453

📠 (513) 273-1482

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