

# THE VASSOS CLINIC

SERVICES PROVIDED: DENTAL IMPLANTS  
GENERAL DENTIST

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[www.dmvassos.com](http://www.dmvassos.com)

Introducing \_\_\_\_\_ Phone # \_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
PLEASE INDICATE AREA OF CONCERN															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

## Referred For:

- Single tooth replacement with root form implant
  - and assess for immediate loading with transitional attachment & crown
- Multi tooth replacement with root form implants
  - and assess for immediate loading with transitional attachments & crowns or bridge
- Ridge augmentation procedure(s)
- Sinus elevation/grafting procedure(s)
- Stabilization of conventional denture with root form implants and dolder bar
  - assess for immediate placement/loading (within 24 hours)
- Assess for Nobel Guide™ treatment
- CBCT Scan only

Pre-operative radiographs included?  Yes  No

Referred by Dr. \_\_\_\_\_

Phone # \_\_\_\_\_

- Please refer back to my office for the completion of the final permanent prosthetic(s) on the implants
- Please complete the final permanent prosthetic(s) on the implants

NEED MORE FORMS? Additional forms can be downloaded from our website - [dmvassos.com](http://dmvassos.com)