

Leslee Timm, DDS FACP | Charles Polzin, DDS

Professional Arts Building 615 South 10th Street La Crosse, Wisconsin 54601

> Phone: (608) 784-7319 Fax: (608) 784-4384

Today's Date:/ Ap	ppt. Date:/	OB:
Name:	Phone:	
Address:	City:	State: Zip Code:
Parent / Guardian:	DOB:	
Insurance:		
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Referring Doctor:	Date:	

Implants

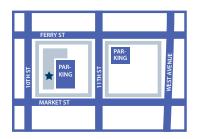
■ Nobel

☐ Straumann

□ DENTSPLY

□ Zimmer

□ Other



■ Implants

PROCEDURE

■ Extraction

■ Extraction

■ Implants

■ Wisdom Teeth

☐ Bone Grafting

☐ Exposure and bonding

☐ Biopsy (Soft or Hard Tissue)

PATIENT INSTRUCTIONS

☐ Consultation ☐ Radiographs

☐ Lesion Evaluation

☐ Infection (I&D)

□ Alveoloplasty

☐ Orthognathic

□ Frenectomy

□ TMJ

□ Other

PLEASE NOTE THAT IN MOST INSTANCES, THE PATIENT IS FIRST SEEN FOR CONSULTATION TO REVIEW THE HEALTH HISTORY, DECIDE ON THE MOST APPROPRIATE ANESTHESIA AND TREATMENT PLAN, AND SCHEDULE THE SURGERY AT A SEPARATE APPOINTMENT.

SURGICAL TEMPLATE

□ Other

RADIOGRAPHS

□ Please Take

□ Other _

☐ To be provided by Restorative dentist

☐ Being mailed / e-mailed ☐ Given to patient

☐ To be fabricated by the surgeon

Please assist us by having the following information available with you at the time of appointment: Your surgical referral slip and any x-rays if applicable, a list of medications, and insurance policy information.

IMPORTANT: All patients under age 18 need to be accompanied by an adult or guardian for procedures.