DENTAL IMPLANT SOLUTIONS

Wade A. Pilling DMD, DABOI, FAAID

Board Certified Implant Specialist

Daniel Stackowicz, DDS, MD

General Dentist

Demographic Information

Patient Information

Name *

First Name

Last Name

Phone Number

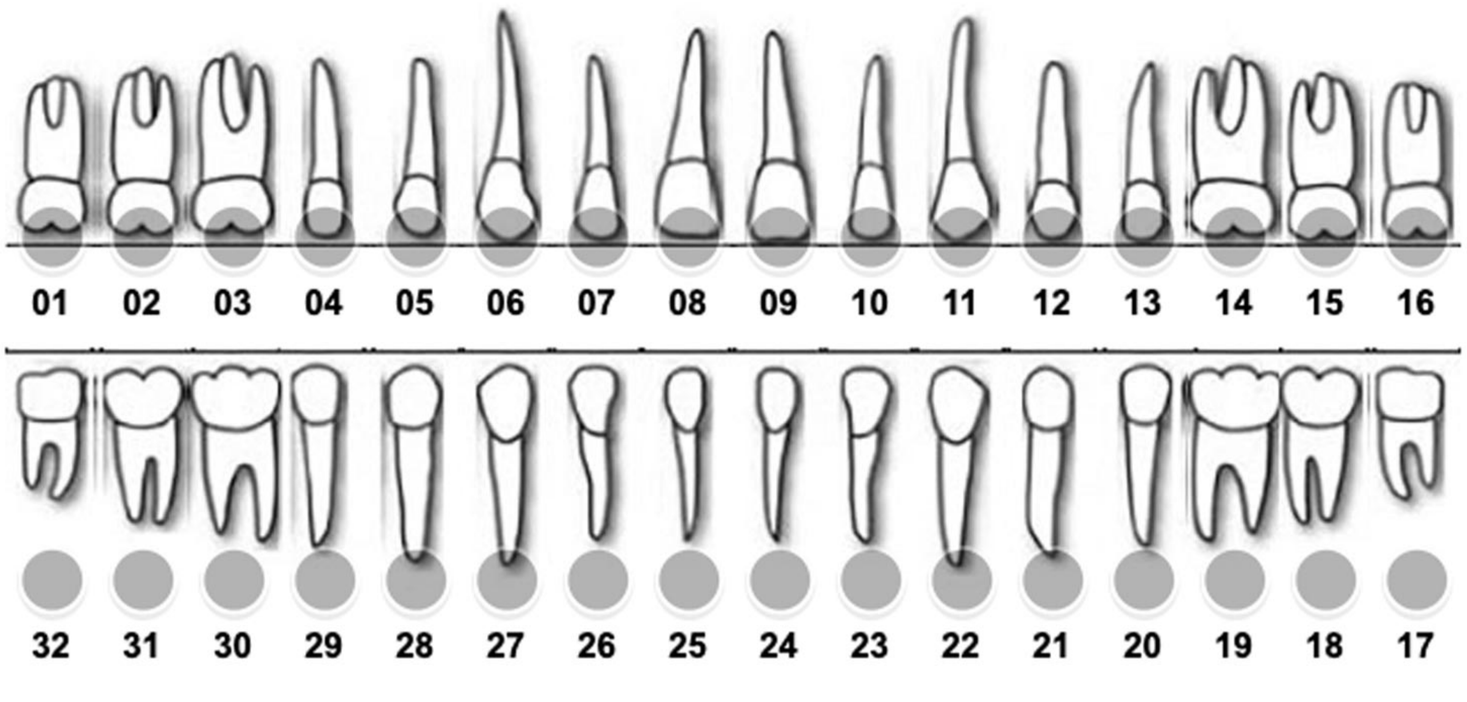
Please enter a valid phone number.

Referred By *

First Name

Last Name

Area/s of Concern *



Procedures to be considered:

Extraction	◯ Yes	◯ No
Implant	◯ Yes	◯ No
Ridge Augmentation	◯ Yes	◯ No
Sinus Augmentation	◯ Yes	◯ No
Full Arch (All-on-4)	◯ Yes	◯ No
Locator supported Denture	◯ Yes	◯ No
Extraction Only	◯ Yes	◯ No
Defer treatment plan to:	◯ Dr. Wade Pilling	◯ Dr. Daniel Stackowicz

Implant System Preference

Straumann	◯ Yes	◯ No
Nobel Biocare	◯ Yes	◯ No
Astra	◯ Yes	◯ No
Biohorizons	◯ Yes	◯ No
No preference	◯ Yes	◯ No

Radiographs / Clinical Photos

- ◯ Uploaded Online
- ◯ Emailed
- ◯ Mailed
- ◯ Accompanying Patient

If uploading an X-Ray, when was the X-Ray last taken?

Date

Impression Coping Preference

Preference

- ◯ Open Tray
- ◯ Closed Tray

Case Notes

All new patient consultations, including radiographs & CBCT-scans taken, are complimentary.

New patients save time by filling out new patient forms & medical history online prior to your appointment. In addition to the referral slip, please remember to bring the following to your appointment:

- Insurance cards
- Copy of most recent blood work
- All medications/supplements being taken.