

PATIENT REFERRAL

**Fifth Avenue Dental
ASSOCIATES**

www.FifthAvenueDentist.com

INTRODUCING: _____

APPOINTMENT DATE & TIME: _____

Please call 212-564-8200 to schedule your patient's appointment.

PLEASE BRING THIS FORM TO YOUR APPOINTMENT.

DATE: _____ REFERRING DR.: _____

PHONE: _____ EMAIL: _____

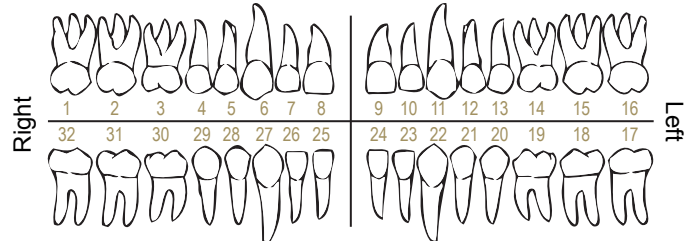
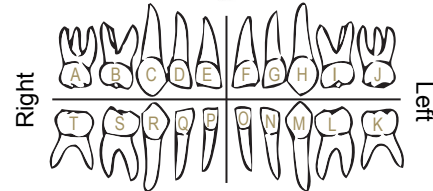
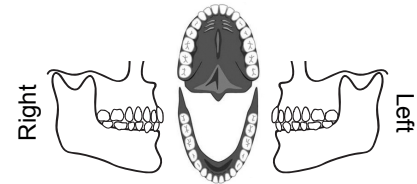
**This patient is being referred
for evaluation of the following:**

- Apicoectomy Tooth # _____
- Biopsy
- Bone Grafting
- Exposure Tooth # _____
- Expose, Bond
- Extraction Tooth # _____
- Frenectomy
- Incision, Drainage
- Infection
- Socket Preservation
- Lesion Evaluation
- Soft Tissue
- Trauma
- Wisdom Teeth Removal

**CONSULTATION FOR
RECONSTRUCTIVE SURGERY**

- Dental Implants Tooth # _____
- Bone Graft
- TMJ Evaluation
- Other: _____

Comments: _____



Please call me before proceeding with treatment.

I have sent radiographs for your evaluation.

FIFTH AVENUE DENTAL ASSOCIATES

Fifth Avenue Dental is your choice for gentle, precise oral surgery. From our sophisticated, comfortable office, to our equipment and techniques, to our sedation options, the Fifth Avenue Dental Associates team is committed to total patient satisfaction.

Our doctors are all highly trained, caring and even award-winning dental professionals, offering a full range of dental options, including implant placement, ridge augmentation and sinus lift procedures, maxillofacial traumatology, extractions, smile renovation and periodontal care, all under one roof. No other practice offers dental surgery completed with such compassion and attention to detail.



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