

Diplomates of the American Board of Oral & Maxillofacial Surgery\*  
**Mark R. Omlie, D.D.S., M.D.\***  
**Frederick J. Haas, D.D.S.\***  
**Eric F. Stich, D.D.S.\***  
**Brett J. Kurtzman, D.D.S.\***  
**Andrew G. Pearson, D.D.S.\***  
**Bradley M. Sundick, D.D.S.\***  
**Timothy J. Neuner, D.D.S.\***  
**Luke A. McMahon, D.D.S.\***  
**Nick R. Spanel, D.D.S.\***  
**James J. Omlie, D.D.S., M.D.**  
**Erik. D. Ziegler, D.D.S., M.D.**



## REFERRAL FOR DENTAL IMPLANT TREATMENT

952-841-9676

**Referring Dr.** \_\_\_\_\_ **Phone #** \_\_\_\_\_

I would like to present \_\_\_\_\_ Date \_\_\_\_\_

Patient DOB \_\_\_\_\_ Phone # \_\_\_\_\_

**Tooth/teeth to be replaced:**

2	3	4	5	6	7	8	9	10	11	12	13	14	15	
31	30	29	28	27	26	25	24	23	22	21	20	19	18	
RIGHT								LEFT						

**GOAL:**             Fixed Prosthesis                       Removable Prosthesis

**DIAGNOSTIC MATERIALS:**

\_\_\_ PA X-Ray    \_\_\_ Panorex    \_\_\_ CT scan    \_\_\_ Study Casts    \_\_\_ Diagnostic Wax-Up

Enclosed                       With patient                       Please take Radiograph as indicated

**ADDITIONAL CONSIDERATIONS:**

*System Preference:*  Astra     Straumann     Other \_\_\_\_\_

Possible candidate for extraction with immediate placement

Stage I impression if possible                       Prefer immediate provisional if possible:

Please provide custom/final abutment                      \_\_\_ Restorative dentist to provide

\_\_\_ Provisional crown if possible                      \_\_\_ Oral Surgeon to provide

**SIGNIFICANT MEDICAL HISTORY:**

Radiation to Jaw                       History of bisphosphonate treatment

Diabetes                       Tobacco

Clenching/Bruxism                       Other:

Centennial Lakes Medical Bldg.  
 7373 France Ave. S., Suite 602  
**Edina**, MN 55435  
 952-835-5003  
 952-835-9598 fax  
 edina@omscmn.com

Wayzata Medical Bldg.  
 250 N. Central Ave., Suite 126  
**Wayzata**, MN 55391  
 952-475-2266  
 952-475-0637 fax  
 wayzata@omscmn.com

Savage Medical Building  
 6350 143rd St., Suite 206  
**Savage**, MN 55378  
 952-435-4150  
 952-435-7548 fax  
 savage@omscmn.com

Dell Professional Bldg.  
 7770 Dell Road, Suite 100  
**Chanhassen**, MN 55317  
 952-975-0605  
 952-975-3808 fax  
 chan@omscmn.com