



CALAPOOIA Family Dental

Brian R Summers, DMD, PhD

Family, Implant, and Hospital Dentistry
1070 24th Ave SW • Albany, OR 97321

541.926.3689
calapooiafamilydental.com

DATE: _____

INTRODUCING: _____

PATIENTS PHONE NUMBER: _____

REFERRED BY: _____

APPOINTMENT: ____/____/____ AT ____:____AM PM FOR:

- SEDATION DENTISTRY CONSULTATION
- IMPLANT CONSULTATION
- HOSPITAL DENTISTRY CONSULTATION
- DENTURE/PARTIAL CONSULTATION
- OTHER: _____

MOST RECENT RADIOGRAPH OF AREA:

DATE: _____ TYPE OF X-RAY: _____

- MAILED
- SENT WITH PATIENT

COMMENTS:

AREA OF CONCERN: EDENTULOUS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

DENTAL OFFICE: PLEASE MAIL OR FAX A COPY OF THIS REFERRAL SLIP TO OUR OFFICE

THANK You!

MAP ON REVERSE



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