New Teeth Now Referral Form

TODAY'S DATE		APPT. DATE	
PATIENT NAM	E		
DATE OF BIRT	н	PATIENT TEL #	
REFERRING D	OCTOR		
DOCTOR SIGN	IATURE		
RESTORATIVE	COMPLETED BY:	New Teeth Now □	Dr
PROVIDER	Dr. Kirkpatrick (Lakeland) Dr. Richards (Lakeland)	☐ Dr. Anderson (Villages)☐ Dr. Núñez (Villages)	□ Dr. Sharafi (SD)□ Dr. Evans (SD)□ Dr. Zandevakili (SD)
SPECIAL INSTRUCTIONS			

☐ New Teeth Now Implants			
Maxillary			
Mandibular			
Full Mouth			
Zygomatic Implants			
for bone loss			
Other:			
-			
-			
			
FEE QUOTED TO PATIENT:			

Please email a copy to patientinfo@newteethnow.com or fax to appropriate location.

Please provide a copy to the patient.

Before Your Consultation

- ① Complete your new patient paperwork. If you were not provided new patient paperwork please visit **NewTeethNow.com.** If you are unable to complete your paperwork in advance, please arrive at 20 minutes early for your appointment.
- 2 Bring your dental insurance information with you to your consultation.
- **3** The consultation includes a dental CT scan. All jewelry, dentures and partials must be removed for this scan.
- 4 This appointment can take 2 hours, please plan accordingly.
- **5** If you have not been quoted estimated fees, please speak with your dentist or contact New Teeth Now prior to your consultation.
- 6 Financing is available to patients. Please visit NewTeethNow.com/Financing
- Should you have any questions concerning your upcoming appointment please contact New Teeth Now at 833-929-2658

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