# **New Teeth Now Referral Form**

TODAY'S DATE	APPT. DATE	
PATIENT NAME		
DATE OF BIRTH	_ PATIENT TEL #	
REFERRING DOCTOR		
DOCTOR SIGNATURE		
RESTORATIVE COMPLETED BY:   Ne	ew Teeth Now 🔲 Dr	
PROVIDER ☐ Dr. Kirkpatrick (Lakeland) ☐ Dr. Richards (Lakeland) ☐ Dr. Sharafi (San Diego)		
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**

- Omplete 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 30 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

### LAKELAND, FL

2150 Harden Blvd. Lakeland, FL 33803 **P** 833-929-2658 | **F** 863-665-1096



## THE VILLAGES, FL

1503 Buenos Aires Blvd. #190 Lady Lake, FL 32159 33803 **P** 833-929-2658 | **F** 352-430-1297

## SAN DIEGO, CA

4125 Sorrento Valley Blvd. D, San Diego, CA 92121 **P** 858-997-2701 | **F** 858-550-5954