**CAMERON HAMIDI, DDS, MPH**
Board-Certified Implant & Periodontal Surgeon

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**PATIENT INFORMATION**

Patient’s Name: __________________________________________     Date: ___________________________

Referred by Doctor: ________________________________________ Appointment Date: ___________________________

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**IMPLANT THERAPY**

- **Implant Placement (Site# ____________________________)**
- **Ridge Augmentation (Site# ____________________________)**
- **Extraction & Socket Preservation (Teeth # ____________________________)**
- **Other: __________________________________________________**

**Patient Must Have A CT Scan Available Prior To Implant Consult Appointment**

- **All on Four ("Fixed Denture") Therapy (Arch: _____________)**
- **Implant Supported Overdenture Therapy (Arch: _____________)**
- **Sinus Augmentation (Site# ____________________________)**

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**ORAL SURGERY**

- **Wisdom Teeth Extraction (Teeth# ____________________________)**
- **Extraction (Teeth# ____________________________)**
- **Pre-Prosthetic Surgery-Alveoloplasty/Tori Removal (Area of Concern: _____________)**
- **Other: __________________________________________________**

- **Soft/Hard Tissue Biopsy (Area of Concern: _____________)**
- **Canine Exposure & Bonding (Teeth# ____________________________)**
- **Oral/IV Sedation ________________________________________**

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**PERIODONTAL THERAPY**

- **Complete Periodontal Exam & Treatment**
- **Localized Periodontal Exam & Treatment**
- **Fotona Lightwalker® Perio Laser Therapy**
- **Periodontal Abscess (Teeth# ____________________________)**

**Periodontal Therapy History:** (Type of Therapy Completed by Referring Dentist)

- **Initial Therapy (Date Completed: _____________)**
- **Periodontal Maintenance Therapy (Date Completed: _____________)**
- **Never Had Therapy**

**Comments/Special Instruction:**

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**SLEEP APNEA**

Reason for Referral:

- **Snoring**
- **Sleep Apnea**
- **Not tolerating CPAP**

**Medical Justification (Patient has tried CPAP and has not tolerated and/or complied with treatment for the following reasons):**

- **Unable to tolerate mask/straps**
- **Unable to tolerate effective CPAP pressure**
- **N/A**

- **Skin sensitivity**
- **Claustrophobia**
- **Other Continuation of Care**

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