DR.
RUTH
ROJAS
Prosthodontics
& Cosmetic Dentistry

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(941) 951-7711
www.drruthrojas.com
Monday - Thursday
7:45 am - 4:00 pm

# REFERRAL FORM

From Dr. _____ Phone _____

Patient _____ Phone _____

Appointment Date: _____•_____•_____ Time: _____ : _____ am • pm

**Patient is referred for:**

- ☐ IV Sedation
- ☐ Nitrous Oxide
- ☐ Specialized Local Anesthesia Techniques
- ☐ Implants
- ☐ Sleep Apnea
- ☐ Full Edentulous Arch
- ☐ Partial Edentulous Arch
- ☐ Full mouth rehabilitation

**Dental concerns:**

- ☐ Esthetics
- ☐ Occlusion
- ☐ Parafunctional Habits

**Special medical concerns:**

**Additional comments about dental conditions:**