LEIGH SMILE CENTER

DENTAL IMPLANTS

DR. ROBERT E. LEIGH

Contact Info: Implant Coordinator (Debra) **Email: staff@leighsmilecenter.com**

9911 – 107 St. Westlock, AB T7P 2K5 **Phone: 780-349-6700**

Fax: 1-780-349-2626 **Toll- Free: 1-888-877-0737**

IMPLANT REFERRAL FORM

Patient Name: _____ Date Of Birth: _____

Phone Number: _____ Email: _____

Referring Doctor: _____ Date Examined: _____

Doctor's Email/Phone Number: _____

Clinic Name: _____

X-Rays: ___Attached ___Mailed ___With Patient ___Emailed ___None

CBCT: ___ Attached ___Mailed ___None

Single Implant ( ) Multiple Implants ( )

Site/Tooth Number/Quadrant: _____

REASON FOR REFERRAL:

_____

_____