Solana Smiles & Implant Center
POWAY

Solana Smiles & Implant Center
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PowayOffice@SolanaSmiles.com

Appointment Request

☐ Azita Vakili, DMD

- Certified Specialist in Prosthodontics
- Members of American Dental Association, American College of Prosthodontists, California Dental Association, American Association of Women Dentist, Fellow of Internal College of Oral Implantologists

Referring Doctor's Name: _____ Date: _____

Referring Office Phone: _____ Referring Office Email: _____

Patient's Name: _____ Phone: _____ ☐ h ☐ c

Patient's Email: _____

***Preferred Scheduling Method:**

☐ Our office to call and schedule patient

☐ Patient will call to schedule appointment

☐ Need our office to contact your office first

Medical Alert:

_____

_____

Radiographs: ☐ With patient ☐ Emailed ☐ Take new ☐ None

Referred For / Consultation and/or Diagnosis:

☐ Premed Patient
☐ Complex Prosthodontic Evaluation
☐ Aesthetic Evaluation or Consultation
☐ Dentures (Traditional or Overdenture)
☐ Removable Partial Dentures (RPD)
☐ Pre-Radiation or Joint Replacement Evaluation
☐ Limited Prosthodontic Consultation
☐ Implant Prosthodontics / Reconstruction
☐ Unknown Implant or Broken Component
☐ Sleep Apnea Evaluation / Treatment
☐ TMJ / TMD Evaluation / Bite or Occlusion

Please send me a consultation report by: ☐ Email ☐ Mail ☐ Phone call

Please Indicate your Follow-up Preference:

☐ Patient to return to our office for recare appointments
☐ I prefer your office to follow up with recare

Comments: _____

_____

Please email to: **PowayOffice@SolanaSmiles.com** or Fax: 858.952.0658
White Copy – Patient Copy; Yellow Copy – Referring Office Copy