

LOUISVILLE DENTAL IMPLANTS

Patient Name: _____ Date: _____

Referring Doctor: _____ Office #: _____

Implant Services

- Healed Site Implant
- Immediate Implant Placement (at time of extraction)
- Implants to retain/support prosthesis

Return Services

- Healing Cap
- Restore to completion

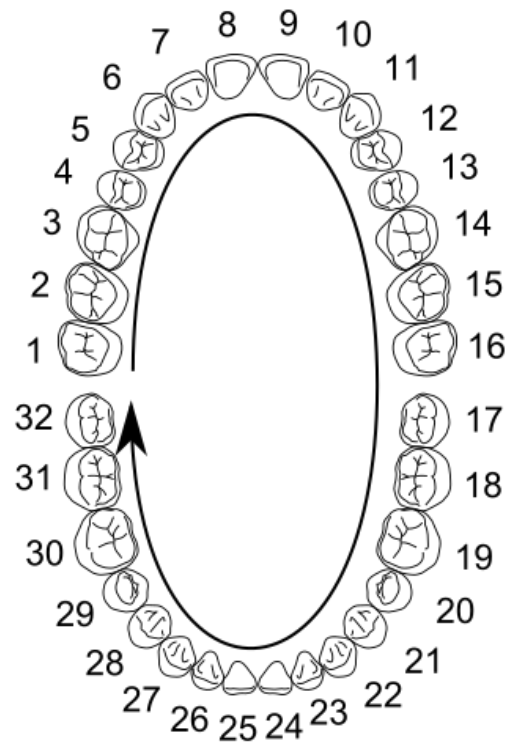
Surgical Services

- Extraction w/ ridge preservation graft
- Site development graft on healed site

Cone Beam Services

- Scan only (CD w/ reader provided to patient)
- Scan and send for pathology evaluation

Consultation Notes:



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