



DR. JOAN GRECO, DDS
ORAL - FACIAL SURGERY & DENTAL IMPLANTS
"The Surgeon with the delicate touch."

Implant Coordination Referral

Phone: (808) 885-9000 Fax: (808) 885-6228 Email: only1drgreco@gmail.com

Today's Date: _____ Referred by Dr. _____

Patients Name: _____ Date of Birth: _____

Communication for Patient:

Email: _____ Phone: _____

Have restorative finances been discussed with patient? Yes: _____ No: _____

Area to be treated: _____ Part of a Bridge?: _____ # of Implants: _____

Specify Implant Type: Straumann: _____ Zimmer: _____ Implant Direct: _____

Surgical guide: Yes: _____ No: _____ We Make: Yes: _____ No: _____

Temp Partial: Yes: _____ No: _____

Is it OK to schedule patient for surgery if they are ready to go? Yes: _____ No: _____

Communication for Referring Doctor:

Email: _____ Fax: _____ Phone: _____ Text: _____

Patient Medical History/Patient Medications/Other Notes:

For Patient:

- 1) Bring X-Ray and Referral to your Appointment or email to only1drgreco@gmail.com
- 2) Bring Insurance Information complete with address and phone number of insurance company
- 3) If under 18 years/ bring a parent or legal guardian
- 4) The day of surgery we require payment of the patient's portion with insurance **AND** payment in full if you have **NO** insurance
- 5) Please alert the office prior to surgery if you have a medical condition such as, but not limited to, Diabetes, High Blood Pressure, Heart valves or joints, Rheumatic Fever
- 6) If planning to be asleep for surgery:
 - a) **DO NOT EAT OR DRINK** anything (not even water) after midnight the night before surgery
 - b) Arrange for a driver to take you home and stay with you after surgery
 - c) Wear comfortable clothing, with sleeves easy to push up
 - d) Do not wear jewelry or contact lenses

ICR-JMG 10/2016

www.drjoangreco.com

****Provide patient with a copy and either email or fax over a copy for our office****