

PATIENT REFERRAL

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LOCATION

RTE 114 (65 West Main Road)
Middletown, Rhode Island 02842
across from Ma's Donuts



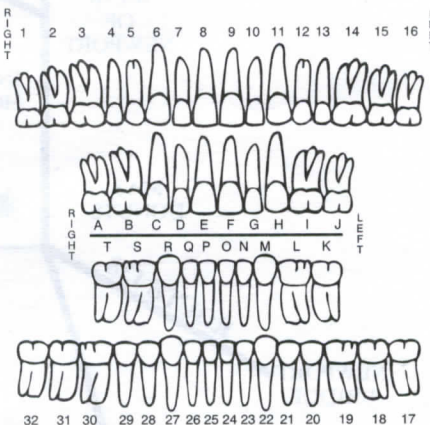
Introducing: _____ Date _____

XRays: None _____ Given to Pt _____ Mailed _____

Patient has an appointment on: _____

Treatment Requested: _____

1. Please list and circle teeth to be removed:



2. Consultation:

- Implants: # _____
- Apicoectomy: # _____
- Orthognathic: _____
- TMJ
- Biopsy/LASER Excision
- Other: _____

3. Comments: _____

Doctor: _____

Instructions for patients requiring sedation or general anesthesia:
Nothing to eat or drink 6 hrs. before appointment.
Must bring someone to drive you home.