

Guidance is needed when a patient is referred. Please check the condition(s) below, so that we are prepared for the patient's needs. Thank you!

Patient's Name : _____
Phone# : _____
Chief Complaint : _____
Past Dental History : _____
Special Concerns : _____

RESTORATIVE / OPERATIVE CARE:

- Esthetic emergency-same day or next morning Tooth # _____
- Broken dowel Tooth # _____
- Match single central or other anterior Tooth # _____
- Tooth wear with broken restoration(s) Tooth # _____
- Fractured fixed partial denture (bridge) Tooth # _____
- Maryland bridge (check one: Belle Glass Metal) Tooth # _____
- Other (specify) _____ Tooth # _____

COMPLEX PROSTHODONTIC CARE:

- Removable Prosthodontics**
 - Complete denture (check one: Upper Lower Both)
 - Partial denture (check one: Upper Lower Both)
 - Immediate/Interim denture (check one: Upper Lower Both)
 - Other (specify: _____)

- Reconstruction** (check one: Full Mouth Partial Mouth)

Teeth # involved _____

Utilizing: Empress Full Coverage Metal Occlusal Gold Onlay
 Other (specify) _____

- Implant Prosthodontics** **Patient's vertical dimension of occlusion is**
 - single tooth implant excessive (needs to be decreased)
 - multiple teeth implants reduced (needs to be increased)
 - implant supported dentures

- Sleep apnea appliance** **Other (specify)** _____

MESCELLANEOUS:

- Unresolved TMD complaint (give brief history) _____

- Patient is difficult to anesthetize
- Difficult / Demanding Patient (explain) _____

Referring Doctor: _____

Phone # _____ Fax # _____

Please fax or mail this half to our office and give the other portion to the patient. Thank you!



James M. Lalonde, DDS

1501 Sagamore Pkwy North

Lafayette, Indiana 47904

Ph: 765.447.7887

Fax: 765.447.7349

Dear Patient,

You have been referred to our office for a specific dental need. It is our desire for you to have a pleasant experience. Every attempt will be made to accommodate your special needs and requests.

Your time is valuable and your appointment listed below is reserved for you.

Date: _____

Day: _____

Time: _____

Special Notes: _____

Please make every effort to keep your appointment. It is important to realize that a significant amount of time has been reserved by our office just for you. If you are unable to keep your appointment, kindly give 48 hours notices. Thank You!

James M. Lalonde, DDS

Directions To:

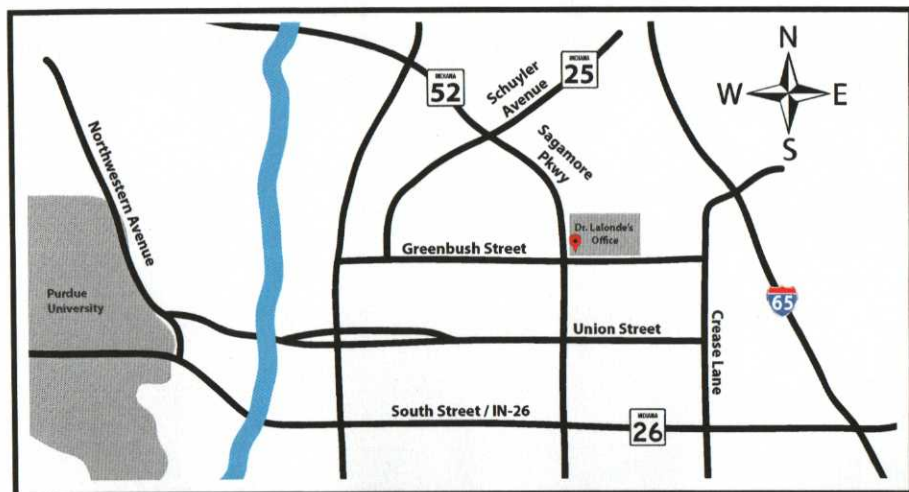
1501 Sagamore Pkwy North
Lafayette, Indiana 47904

Our office is conveniently located on the corner of Sagamore Parkway and Greenbush Street and a short drive from Purdue University.

From I-65 South: Head Northwest on I-65, then take exit 172 for IN-26 toward Lafayette / Rossville. Use the left 2 lanes to turn left onto IN-26 West. Continue straight onto IN-26/South Street then turn right onto North Creasy Lane for 1.9 miles. Then turn left onto Greenbush Street. Our office will be on the right.

From I-65 North: Head South on I-65 South. Take exit 175 for IN-25 Toward Delphi / Lafayette. Turn Right onto Schuyler Avenue/IN-25 and continue on Schuyler Avenue for approx. 1.3 miles. Turn Left onto Sagamore Pkwy North/IN-52 then turn left onto Greenbush Street. Our office will be on the left.

From Purdue University: Take Union Street to Sagamore Pkwy North/IN-52 in Lafayette. (3.2miles) Turn left onto Sagamore Pkwy North/IN-52. then turn right onto Greenbush Street. Our office will be on the Left.

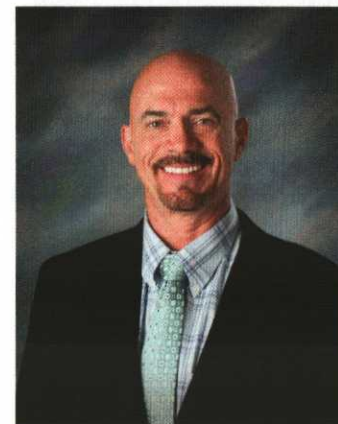


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Referral Form

James M. Lalonde, DDS

If you are experiencing problems or predict you will have difficulties with a patient's dental treatment, I would like you to consider my office for your restorative, repair, implant, TMD, prosthodontic, or cosmetic referrals. Both myself and my entire team are committed to providing your patients with the highest possible standard of dental care available. We have cone beams and multiule lasers, etc. and we are ready to handle all types of challenges. I will keep you informed as the treatment progresses toward a successful conclusion.



James M. Lalonde, DDS

Here are just a few of the areas in which Dr. Lalonde can help:

- Consultation with/without patient in your office or ours
- Broken porcelian, dowels, implant difficulties or bridge repair
- TMD
- Unresolved pain in the head and neck region
- Maxillofacial prosthetics, prosthetic rehabilitation of head and neck trauma, congenital malformations, or cancer surgery / pre-op care
- Esthetic emergencies
- Sleep Apnea
- Implant supported fixed and removable restorations
- Full-mouth rehabilitations
- Removable complete and partial dentures
- Challenging or difficult patients
- Lecture to study groups or dental societies

If you are referring a patient to our office, please complete the reverse side of this form, detach, and fax or mail it to our office. The other half is for you to complete and give to your patient. Thank you!