REGION SALUTE SMILES PROJECT

FREE SINGLE IMPLANT REFERRAL FORM

Great Lakes Implant Center in partnership with Merrillville Dental Center, MegaGen, Crown Me Dental Lab, and Radiant Dental Lab. Please refer to the attached brochure for additional information regarding the program's purpose and eligibility criteria. If you have any questions, please do not hesitate to contact our office at (219) 472-9090.

Office Information

Referring Office: _____

Referring Provider: _____

Patient Information

Patient Name: _____

Date of Birth: _____ Phone Number: _____

Branch of Service: _____

Tooth #: _____ Site Status: ☐ Healed edentulous site ☐ Extraction Needed

Please list any concerns or other details you would like doctor to know:

_____

_____

_____

As the referring doctor, I agree to restore this implant with a donated lab-provided restoration at no charge to the veteran or any insurer. I also agree to handle my office's own patient records and ongoing care, and remain the veteran's dentist for all other care. Great Lakes Implant Center agrees to provide the consultation, 3D scan, implant placement and healing abutment at no charge.

Dentist Signature: _____

Referral Date: _____

Please return the completed and signed form to Jillian, our Treatment Coordinator, via email at **greatlakesimplant@gmail.com**.

GREAT LAKES
DENTAL IMPLANT CENTER

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