



Smart Smile  
DENTISTRY

# REFERRAL

**Paivi Samant, M.A., D.D.S**  
**Specialist in Prosthodontics**

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Patient's Email: \_\_\_\_\_

X-rays available  CBCT  FMX  PA  Pano

Please call patient to schedule

Referring Doctor: \_\_\_\_\_

Referring Doctor's Phone #: \_\_\_\_\_

Referring Doctor's Email:  
\_\_\_\_\_

## CONTACT

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**Cosmetic Dentistry**

Smile analysis  Veneers  Whitening

Cosmetic bonding

**Crowns & Bridges**

Full mouth reconstruction  Singular crown(s)

Implant Crown(s)  Bridge  Occlusion analysis

**Removable & Fixed Prosthesis**

Designer dentures

Implant supported prosthesis  Hybrid

**TMJ, Non-surgical Treatment**

**Sleep Apnea Oral Appliance**

Sleep apnea evaluation  CPAP intolerant

Referral and sleep study report available

Alternative method than CPAP

Additional Comments:  
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