



Dental Implant Referral Form

Email to send imaging/records: Records@DentistMN.com

Use www.wetransfer.com for transferring
DICOM'S or Cat Scan Files

Dr. Joseph Gendler

1222 Mainstreet – Hopkins, MN 55343

952-836-1113 (Fax 952-836-1184)

Date _____

Patient Details:

Name _____

Date of Birth _____

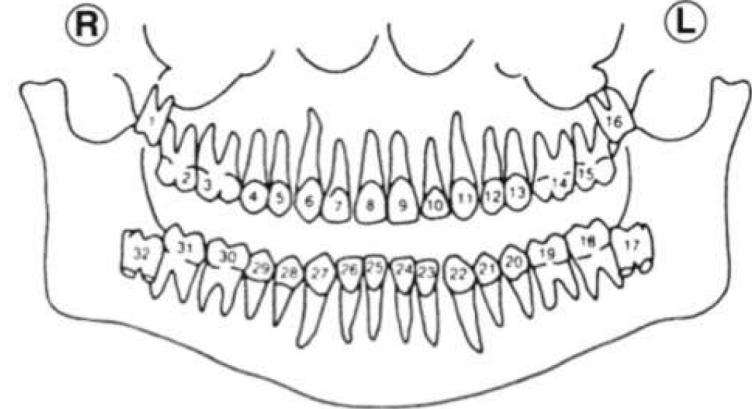
Contact Number _____

Reason for Referral:

- ☐ Dental Implant Consultation
☐ Other Assessment

Areas of Concern and Restorative Dentistry treatment plan: _____

Please provide some relevant information to help us understand why you are
referring this patient:



Should we call provider prior seeing the patient? ☐ Yes ☐ No

Referring Practitioner's Details:

Name _____

Email _____

Contact Number _____

Has the patient been made aware of the level of investment that may be
required? ☐ Yes ☐ No

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