

### Implants

Implant placement only

Implant placement and restoration

Please specify reasons for referral

### Prosthodontics

Please specify

### Orthodontic referrals

Reason for referral

Consultation

Crowding/Spacing

Anterior and Posterior Crossbite/Open Bite/Deep Bite

Class II Malocclusion

Class III Malocclusion

Invisible Brace (Invisalign/Lingual Appliance)

Tooth wear/bruxism

Other - please specify

### Endodontic Referrals

Reason for referral - please specify in detail.

### Other referral reasons



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