# Center for Implant Dentistry
Prestige Dental Group

3381 Walnut Ave
Fremont,CA-94538
Phone: (510) 574- 0496
Fax: (510) 574-0499

Patient Name: _____ Age: _____

Tel No: _____ Date: _____

- **FULL ARCH IMPLANT RECONSTRUCTION (ALL-ON-4, ALL-ON-6, ALL-ON-8)** UPPER LOWER BOTH

REASON - LOOSE DENTURES | GROSS DECAY | SEVERE PERIO | PATIENT WANTS A NEW SMILE

*PLEASE DO NOT EXTRACT ANY TEETH

- SINGLE IMPLANT - TOOTH # _____ TOOTH MISSING ? TOOTH STILL PRESENT
- MULTIPLE IMPLANT - TEETH # _____ TEETH MISSING ? TEETH STILL PRESENT
- IS THE PATIENT A SMOKER ?
- PLEASE SEND X-RAYS BY E-MAIL TO : info@bayareaimplantdentistry.com
- VIDEO CONSULT BY FACETIME GOOGLE-DUO WHATS-APP ZOOM

(PREFERRED TIME &DATE) _____ PLEASE CALL AT (510) 738-8500

- COMMENTS _____

_____

- REFERRING DOCTOR _____ TEL NO: _____

**DR. SAM JAIN**
IMPLANT SURGEON

**DR. ARPANA GUPTA**
IMPLANT SURGEON

**ANDY JAIN, MS, MBA**
CAD CAM LAB ENGINEER

*PLEASE DO NOT EXTRACT ANY TEETH