



Great Lakes Dental Solutions

1418 South Milwaukee Ave, Suite 4, Libertyville, IL – 60048

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www.greatlakesdental.net

Referral Form for Doctors

Date: _____

Patient Name: _____

Referred by: _____

Phone: _____

Email: _____

Please email X-rays and records to info@greatlakesdental.net

- | | |
|---|---|
| <input type="checkbox"/> Dental Implant # | <input type="checkbox"/> Crown and Bridge # |
| <input type="checkbox"/> Wisdom tooth / Surgical tooth Removal # | <input type="checkbox"/> Crown Lengthening # |
| <input type="checkbox"/> Root Canal Treatment # | <input type="checkbox"/> Denture / Partial |
| <input type="checkbox"/> Minor Oral Surgery (Biopsy, frenectomy,
tori removal, apical sx) | <input type="checkbox"/> Orthodontic Aligner / Retainer |
| <input type="checkbox"/> MISC - Nightguard / Snoring device | <input type="checkbox"/> OTHER - _____ |

Notes: _____