

ADVANCED
COLUMBUS
DENTISTRY



Referral Form

James E. Metz, DDS
James E. Blank, DDS



Welcome to Advanced Columbus Dentistry and The Metz Center For Sleep!

If you are experiencing problems, or predict that you may have difficulties with a patient's dental treatment, we would like you to consider our office for your restorative, repair, implant, sleep, TMD, prosthodontic, or cosmetic referrals. Our state-of-the-art 3D and scanning technology, our in-house laboratory, and our convenient location provide your patient with the highest possible standard of dental care available.

Our entire team is committed to expertly guiding your patient through the treatment process, and referring them back to you happy! We will keep you informed as the treatment progresses toward a successful conclusion.

Listed below are just a few of the areas in which Dr. Metz and Dr. Blank can help:

- ◆ Full Mouth Rehabilitation
- ◆ Implant Reconstructions
- ◆ TMJ Disorders / Headache
- ◆ Obstructive Sleep Apnea and Oral Appliance Therapy
- ◆ Consultation with/without patient in our office or yours
- ◆ Digital Smile Design
- ◆ Broken Porcelain, Dowels, Implant Difficulties, or Bridge Repair
- ◆ Esthetic Emergencies
- ◆ Challenging Cases
- ◆ Implant Supported Fixed and Removable Restorations
- ◆ Difficult Cosmetic Restorations
- ◆ CBCT Scanning and Case Planning

If you have a patient you would like to refer to our office, please complete the reverse side of this form, and fax or mail the information to our office. Thank you!

1271 East Broad St. • Columbus, Ohio 43205 • (Ph) 614-252-4444 • (Fax) 614-252-6474



Located at 1271 East Broad Street,
in the historic Olde Towne East District,
our office is easily accessible and convenient from anywhere in Columbus.

Our unique space and caring team blend seamlessly the comforts of home with the cutting-edge technology that has come to be expected while providing world-class dental care. Your patient will be well cared for in a warm environment, and then referred back to your office happy!

Our office utilizes the latest technologies in order to provide the highest possible standard of care. We achieve optimal accuracy by implementing Digital Intraoral Scanning, 3D CBCT Scanning, Digital Intraoral Imaging, and Digital Smile Design. Our patients enjoy the ease and convenience of in-home sleep screening tools.

Below are just a few of the cutting-edge tools used in order to create the best patient experience and outstanding results.



Patient Introduction and Referral

Please Fax Completed Form To 614-252-6474 or access online at www.ColumbusDentistry.com

****For Urgent/Same Day Appointments, Please Call 614-252-4444****

Patient Name: _____

Phone Number / Contact Information: _____

Chief Complaint: _____

Dental History: _____

Reason For Referral:

- | | | |
|---|--|---|
| <input type="checkbox"/> Esthetic Emergency
(same day or next morning) | <input type="checkbox"/> Implant Prosthodontics
(Single or Multiple Teeth Implants) | <input type="checkbox"/> TMJ / TMD / Headache |
| <input type="checkbox"/> Match Single Central
(or Other Anterior Tooth) | <input type="checkbox"/> Broken Implant Screw
(Tooth #: _____) | <input type="checkbox"/> Sleep Apnea / Oral Appliance
Therapy |
| <input type="checkbox"/> Gold Restoration | <input type="checkbox"/> Unknown Implant System | <input type="checkbox"/> 3D Scan and Case Planning |
| <input type="checkbox"/> Broken Dowel (Tooth #: _____) | <input type="checkbox"/> Removable Prosthodontics | <input type="checkbox"/> Digital Smile Design |
| <input type="checkbox"/> Fractured Tooth (Tooth #: _____) | <input type="checkbox"/> Difficult Cosmetics Case | <input type="checkbox"/> Difficulty Getting Patient
Anesthetized |
| <input type="checkbox"/> Full-Mouth Reconstruction

(Teeth Involved: _____) | | |

Special Concerns: _____

Referring Doctor: _____

Phone #: _____ Fax #: _____

Please fax or mail this half of the referral form to:

Fax: 614-252-6474 Phone: 614-252-4444

1271 East Broad Street • Columbus, OH 43205

ADVANCED
C O L U M B U S
D E N T I S T R Y

Dear Patient,

You have been referred to our office for a specific dental need. It is our goal to provide you with a professional and pleasant experience. Every attempt will be made to accommodate any special requests or needs you may have. Please arrive early in order to complete paperwork.

Your time is valuable, and the appointment time listed below is reserved for you.

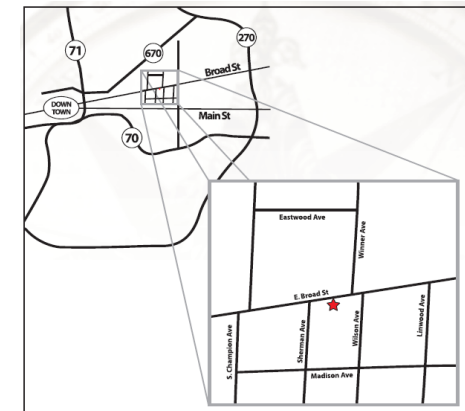
Doctor: _____

Date of Appointment: _____

Time of Appointment: _____

Special Notes: _____

Please make every effort to keep your appointment time. It is important to realize that a significant amount of time has been reserved just for *you*. If you are unable to keep your appointment, kindly give our office 48 hours notice. **Thank you!**



Our office is located at 1271 East Broad Street, between Wilson Ave. and Sherman Ave., directly across from The Columbus Foundation. 1.5 miles east of Downtown Columbus and just before Franklin Park. Parking is in the rear of the building.

Cut here and give this half to patient. Please mail of fax (614-252-6474) the other half to our office.