



**JUNG DENTAL
IMPLANT CENTER
OF PLANO**

SOONGRYONG JUNG DDS, MS, Ph.D
Diplomate, American Board of Prosthodontics
Diplomate, American Board of Oral Implantology/
Implant Dentistry

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Please contact our office to schedule an appointment. After your appointment is made, you can complete the patient form and obtain directions to our office at www.jungimplantplano.com

Introducing _____ Date: _____

- Implant Surgery consultation
- Implant Supported Prosthesis(Single implant, Multiple Implant, Overdenture, All-on-four)
- Periimplantitis
- Ridge Augmentation for implant placement
- Maxillary sinus augmentation
- Soft Tissue Augmentation(Connective tissue & mucosa graft for implants)
- Full mouth rehabilitation
- Pre-prosthetic procedures
- Wisdom tooth extraction
- Crown Bridge
- CBCT
- Other (_____)

R			A	B	C	D	E			F	G	H	I	J				L
1	2	3	4	5	6	7	8			9	10	11	12	13	14	15	16	
32	31	30	29	28	27	26	25			24	23	22	21	20	19	18	17	
			T	S	R	Q	P			O	N	M	L	K				

Please circle tooth to be treated

Comments

Referred by Dr. _____, Phone: _____
E-mail: _____

Important Information for patients

- Please bring this referral slip and any x-rays given to you.
- Please bring all dental insurance information to your payment.
- Most new patients are required to come in for a consultation prior to surgery and procedures.
- All minors must be accompanied by a parent or legal guardian.

