

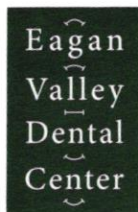
Eagan Valley Dental Center

Erik Solberg, DDS

4555 Erin Drive #180 • Eagan, MN 55122

Phone: 651.681.9044

smile@eaganvalleydental.com



Date of Referral: _____

Patient Name: _____

DOB: _____ Patient Phone Number: _____

Please Call Patient to Set Up Appt. Patient Will Call to Set up Appt.

Appointment Set Already on: _____

Referring Doctor Name: _____

Preferred Email or Phone #: _____

Radiographs:

- Please take own radiographs
- Radiographs will be emailed or with patient

We will complete only the care you request of us and ensure the patient returns to your practice for all of their other dental care. We truly appreciate the trust you place in us to help care for your patient.

Reason for Referral (Check all that Apply)

Tooth Sites: _____

- | | |
|--|--|
| <input type="checkbox"/> Extraction(s) with Bone Graft as needed | <input type="checkbox"/> Wisdom Tooth Extraction |
| <input type="checkbox"/> Implant Placement Only | <input type="checkbox"/> Crown Lengthening |
| <input type="checkbox"/> Final Abutment Placement | <input type="checkbox"/> CBCT Scan Only |
| <input type="checkbox"/> Sinus Lift or Ridge Augmentation | <input type="checkbox"/> Pre-Prosthetic Surgery |

Comments: _____

Dr. Solberg Limits his Practice to Implant, Surgical and Sedation Care