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gnv.dentist

Patient Referral Form

Dr. Frank E. Lozano Dr. Martin S. Lalama First Available		
Patient Information		
First Name	Last Name	Date of Birth
Phone Number	Email	
Referring Dentist	Office Number	
Reason(s) for Referral		
Comprehensive Care Worn Dentition Fixed Prosthodontics Removable Prosthodontics		
Implant Surgery/Prosthetics Occlusion/TMD Obturator Other (Specify)		
Radiographs Please send via email.		
FMX CBCT Take in Office Other (Specify)		
Appointment Contact Patient to Schedule		

Date

Time

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We can't wait to see you!

Whether it's for specialized or comprehensive dental care, our goal is to exceed your expectations. Your satisfaction and care is our top priority. Our excellent staff is highly trained and available to serve your every need.

Get ready for your appointment.

Prior to your visit, you will receive a text or email to fill out new patient forms. Your first appointment will consist of a thorough examination including reviewing medical history and radiographs and addressing your concerns with a treatment plan.

