



**Bruce S. Logan, D.D.S.**  
*Diplomate, American Board of Oral & Maxillofacial Surgery*

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## Implant Referral Form

Referred by Dr: \_\_\_\_\_

Introducing my patient: \_\_\_\_\_

for an implant evaluation in the area(s) of: \_\_\_\_\_

Implant Surgical Guide: \_\_\_\_\_ To be fabricated by our office

\_\_\_\_\_ To be fabricated by Dr. Logan's office using 3-Shape intraoral scanner

(additional cost will apply to the patient)

Are you requesting a screw retained provisional for Stage II- Uncovering of implant(s)?:

\_\_\_\_\_ Yes (additional cost will apply to patient)

\_\_\_\_\_ No (traditional healing abutment)

If requesting screw retained provisional, shade (required): \_\_\_\_\_

Are you requesting that we use intraoral 3-Shape scanner with scanning cap at Stage III to fabricate custom abutment and crown with Rogue Valley Dental Arts Lab? if so, we will require a completed implant RX to forward to RVDA:

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Please indicate any additional notes or request below:

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