

**PATIENT REFERRAL FORM**

**PATIENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PHONE (HOME):** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**REFERRING DOCTOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**UPPER**      01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16

**LOWER**      32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

**DOCTOR COMMENTS:** \_\_\_\_\_

**REASON FOR REFERRAL**

- |                                                            |                                                               |
|------------------------------------------------------------|---------------------------------------------------------------|
| <input type="radio"/> Implants and/or Implant Consultation | <input type="radio"/> Esthetic                                |
| <input type="radio"/> Prosthetic Consultation              | <input type="radio"/> Full Arch Implant Prosthesis (All on 4) |
| <input type="radio"/> Full Mouth Rehabilitation            |                                                               |
| <input type="radio"/> Other: _____                         |                                                               |

**ADDITIONAL INFORMATION**

- |                                                           |                                                                 |
|-----------------------------------------------------------|-----------------------------------------------------------------|
| <input type="radio"/> Please call the patient             | <input type="radio"/> Please report - written                   |
| <input type="radio"/> Patient will call                   | <input type="radio"/> Please report - by phone                  |
| <input type="radio"/> Appointment has been made           | <input type="radio"/> Post-referral maintenance by specialist   |
| <input type="radio"/> Radiographs are attached            | <input type="radio"/> Post-referral maintenance in this office  |
| <input type="radio"/> Please return radiographs after use | <input type="radio"/> Post-referral maintenance to be discussed |
| <input type="radio"/> Notify on completion                | <input type="radio"/> Other records are available               |

**WEB: [WWW.DRNAHLAH.COM](http://WWW.DRNAHLAH.COM)**  
**EMAIL: [INFO@DRNAHLAH.COM](mailto:INFO@DRNAHLAH.COM)**

**Alexandria Office**  
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2855 Duke Street  
Alexandria, VA 22314  
FAX: 703.914.3084

**Tysons Office**  
TEL: 703.448.3312  
7901 Jones Branch Dr. #220  
McLean, VA 22102  
FAX: 703.448.3938

## ABOUT DR. NAHLAH

### BOARD CERTIFIED PROSTHODONTIST

Dr. Esam Nahlah is truly a standout in the field of prosthodontics. Based in Northern Virginia, he's a **board-certified prosthodontist**. A **Diplomate of the American Board of Prosthodontics**, which is one of the highest honors in the specialty. His reputation as a "complex case specialist" is well-earned—he's known for handling challenging prosthodontics and implant cases with precision and artistry.

#### Expertise & Credentials

- Over **25 years of experience** in advanced prosthodontics and implant dentistry
- Holds a **Master of Science in Oral Biology**
- Fellow of both the **American Academy of Implant Dentistry** and the International Congress of Oral Implantologists
- **Fellow of American College of Prosthodontics**
- **Adjunct Faculty of VCU Prosthodontic Postgraduate Prosthodontics Program**

#### Educator & Mentor

Dr. Nahlah is also deeply committed to education. He lectures nationally and internationally, mentors young dentists, and founded the **Tyson's Study Club** designed to push the boundaries of dental innovation.

#### Cutting-Edge Technology

- State of the art **in-house digital lab** with a dedicated team for custom smile design
- Photogrammetry that delivers permanent teeth in a day—not months
- Computer guided surgery for precision and comfort to our patients



**DR. ESAM ABOU NAHLAH**

DDS, M.S, AFAID, FICOI, FACP  
BOARD CERTIFIED PROSTHODONTIST

#### Signature Procedures

- **All-on-4 "Teeth in a Day"**
- **Full Mouth Rehabilitation**
- **Smile Makeovers with Porcelain Veneers**
- **Implant Prosthetics**

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