



REFERRAL

DR CHRISTOPHER HO
PROSTHODONTIST

DR ADIT BAHL
OMFS

Date of Referral: _____

Referral to: Dr Christopher Ho Dr Adit Bahl

Referring Dentist: Dr. _____

Patient Name: _____ DOB: _____

Contact Number: _____

Implants Prosthodontics Oral Surgery

Clinical Comments: _____

XRAYS Emailed XRAYS with patient