

# OUT-OF-STATE IMPLANT PATIENT REFERRAL PROGRAM

FOR REFERRING DOCTORS AND PATIENTS



6200 S MCCLINTOCK DR, TEMPE, ARIZONA

[www.newhorizondental.org](http://www.newhorizondental.org)

# OUT-OF-STATE REFERRAL PROGRAM

HOW TO JOIN US IN TEMPE, AZ

## ABOUT NEW HORIZONS

The New Horizon Dental Center is a 501c3 federally designated non-profit dental clinic set up to take care of those that can't afford private practice fees by partnering with Implant Pathway, a live dental CE company.

## HOW NEW HORIZONS CAN HELP

Founded in 2018, New Horizons has donated over 5,000 dental implant surgeries to patients who otherwise could not afford dentistry's only true tooth-replacement therapy. As word has spread, many patients have reached out to us from around the country, so we've put together this short out-of-state referral handout to help alleviate miscommunication and ensure ideal patient care post-surgery.

In order to best serve our traveling patients, New Horizons requires that patients have an established relationship with a restoring dentist back home. This includes a signed treatment plan, pre-made immediate healing temporary dentures if necessary, and pre-operative CBCT, Photos, and Medical History. The consult will be performed remotely and the patient only needs to travel to Tempe, AZ for the surgical appointment and any necessary followups.

## KEY POINTS

- Out-of-state patients are welcome at New Horizon as long as they have an established dentist relationship in their home state.
- Patients and their primary dentist are responsible for all restorative care, including but not limited to immediate temporaries/dentures and final prosthetics. A signed treatment plan is required to schedule a surgery.
- New Horizons will coordinate the surgery, surgical followup, and be available to help with any restorative questions in tandem with the referring dentist.



# REFERRAL CHECKLIST



## REQUIREMENTS FOR REFERRAL

Please see the checklist below for requirements prior to requesting a virtual implant consult. Have your dentist help you fulfill this checklist

- Signed restorative treatment plan from local in-state dental office
  - a. If crown and bridge (single implants) need to have restorative plan for second stage uncover (D6011), abutment (D6057), and final crown or bridge (D6065/D6068)
  - b. If full arch overdenture need to have signed restorative treatment plan for second stage (D6011), Overdenture (D6110), Semi-precision attachments (D6052)
- Recent Conebeam CT (3D X-ray) sent to [office@newhorizondental.org](mailto:office@newhorizondental.org) via [www.wetransfer.com](http://www.wetransfer.com) for clinical review
- Recent Medical history (scanned from dental office) and Extra and Intra-oral photos if possible. Also can be sent via [wetransfer.com](http://wetransfer.com) in a ZIP file
- If a temporary partial or immediate denture (we recommend only maxillary immediate healing dentures for full-arch/full-mouth treatment) is appropriate, this can be sent with the patient when they travel for surgery. New Horizons will deliver and make adjustments at delivery, but will not make immediate dentures for out-of-state patients.

Once all forms are signed and sent to [office@newhorizondental.org](mailto:office@newhorizondental.org) the dentists at New Horizons will preform a virtual consult using the medical history, clinical photos, and radiographs. If the patient is approved for dental implant therapy we will reach out to coordinate scheduling for the surgery during one of our donated courses, or we will reach out for more information.

I have read and understand all requirements for receiving donated dental care at New Horizons Surgical Center in Tempe, Arizona

Patient Signature: \_\_\_\_\_ Date \_\_\_\_\_

# HOME DENTAL OFFICE INFORMATION SHEET



Dental Office Name: \_\_\_\_\_

Dental Office Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Referring Dentist Name: \_\_\_\_\_

Referring Dentist Signature: \_\_\_\_\_

Briefly describe the treatment that you and the patient are interested in pursuing:

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Would you like to be contacted by our Program Director to learn more about dental implant training with Implant Pathway in Tempe Arizona? Yes [ ] No Thanks [ ]