IMAGINE YOUR SMILE

NATURAL DENTISTRY BY DESIGN

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IN APPRECIATION, WE OFFER A COMPLIMENTARY CONSULTATION FOR YOUR DOCTOR REFERRAL.

DATE _____

Patient's name_____

Patient's Phone number_____

Referring Doctor_____

Doctor's Phone number_____

Dental History pertaining to the current condition:

Referring Doctor's Preliminary Diagnosis and/or Likely Treatment discussed with your patient:

Relevant Diagnostic materials provided:

- ☐ Panoramic x-ray taken within last year
- ☐ FMX
- ☐ Study casts
- ☐ Photos
- ☐ Perio Charting

Requested Services:

- ☐ Extractions and Dentures
- ☐ Dentures
- ☐ Occlusal Concerns
- ☐ I.V. Sedation Procedures
- ☐ Evaluation for Implants
- ☐ Bone Grafting
- ☐ Sinus Procedure
- ☐ Esthetic Concern

Are there any special concerns that you would like us to consider when meeting your patient?

Additional Comments: