

TACOMA PROSTHODONTICS

IMPLANT, AESTHETIC, AND RECONSTRUCTIVE DENTISTRY

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Referral Introduction

Introducing _____ Date _____

Daytime Telephone _____

Referred By _____ Phone _____

Date of Appointment _____ Time _____

Referred For:

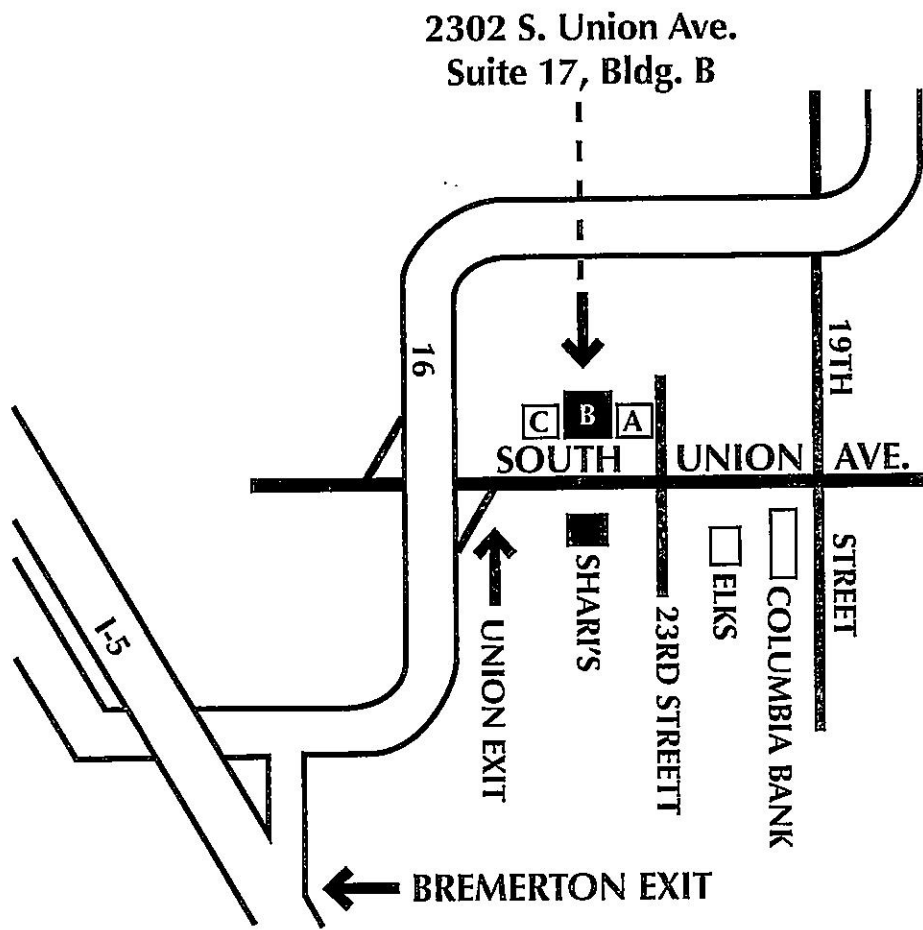
- ☐ Implant Prosthodontics
- ☐ Fixed Prosthodontics
- ☐ Removable Prosthodontics
- ☐ Comprehensive Examination and Treatment

Patient Has:

- ☐ Periodontal Commitment with Dr. _____
- ☐ Panoramic Radiograph Date _____
- ☐ Complete Periapical Survey Date _____
- ☐ No Current Applicable Radiographs

Comments _____

Please refer to map on back.



Wheelchair access behind Building