

Re-creating Beautiful Smiles

with removable prosthetics

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Referral for Removable Prosthetic Consult

Introducing _____

Referring Doctor _____

Treatment Needs: ☐ Consultation for Complete / Partial Dentures
 ☐ Implant Restoration
 ☐ Other _____

Is Patient: ☐ Currently wearing dentures
 ☐ Dentate

Radiographs: ☐ Sent with patient
 ☐ Available upon request
 ☐ None Available

Specific Concerns? _____

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