



Cascade Family & Implant Dentistry

Dr. Joseph Fazzio DDS, MS Prosthodontist

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www.cascadefid.com • 616-956-0292

Introducing: _____ Date: _____

Phone/Email: _____

Referring Doctor: _____

Phone/Email: _____

Reason for Referral

- Removable Prosthetics
- Crown and Bridge
- Full Mouth/Extensive Rehab
- Implant Prosthetics
- Implant Surgery
- Treatment Planning/Consult

Included

- Diagnostic Casts
- CT Scan
- X-Rays

Sent Via

- Email
- Fax
- Mail
- With Patient

PLEASE INDICATE THE TOOTH/ARCH TO BE TREATED

Maxilla

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17

Mandible

Please contact referring doctor before proceeding with treatment

Notes: _____

Special Medical Consideration(s): _____

**ALL PATIENTS ARE RETURNED TO THE REFERRING DOCTOR
FOLLOWING COMPLETION OF TREATMENT**